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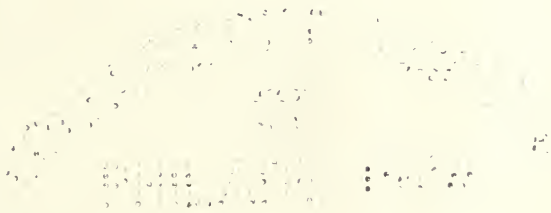
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EDITOR: FRANK KRAFT, M. D.

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Medical Progress

Phenalgin as an Analgesic.

Pain is a symptom which a medical man is very often called upon to relieve. In many cases it is not expedient to give opium or morphia and its preparations. Still something must be given in such cases. It is here that Phenalgin, one of the coal-tar series, is found of great service. Chemically it is an ammonio-phenylacetamide. The ammonia present in its composition is almost volatile, and admits of its prompt liberation in the stomach in a nascent state. Phenalgin is, therefore, primarily a diffusable stimulant, and so prevents any undue cardiac depression, which is so common after the administration of the other coal-tar compounds. Let us see how Phenalgin really acts when taken into the system. For a brief period after a dose has been taken the pulse rate and action of the heart are gradually diminished, but by no means depressed. It is, however, as an analgesic that its action is most prominently observed. Its action in this respect is partly direct upon the nerves themselves, but, also partly indirectly by reflex nervous action upon the capillaries through the nerves, which causes them to contract, and thus relieves congestion wherever it is present. It is thus useful in removing the tendency to hyperemia and congestion wherever such exists. But Phenalgin has also a tranquilizing effect upon the higher nerve centres, and so possesses anodyne and hypnotic properties which must not be overlooked. In this connection we may specially remark that the use of Phenalgin is never accompanied or followed by symptoms of depression.

No blood changes take place even during the prolonged administration of this drug, as is common when other coal-tar products are given. As an antipyretic, too, the action of Phenalgin makes itself felt. It acts thus firstly by increasing the cutaneous circulation and thereby favoring heat radiation from the surface of the body, and secondly by its direct influence upon the higher heat-regulating mechanism in the medulla, thus controlling very promptly and effectively any rise of temperature. Moreover, Phenalgin is an anti-periodic of considerable power. It also appears to be a cholagogue to some extent, and is slightly a cholagogue purgative. It is, in general, a mild glandular stimulant, and so acts as a valuable eliminating agent.

No habit is ever acquired by its use, nor does repeated administration lessen its primary effects. We thus possess in Phenalgin a valuable addition to our pain-relieving armamentarium. It may

be useful if we now consider the dosage of and indications for this ideal analgesic.

The drug is in the form of a white, somewhat alkaline-tasting, powder. It is, in our opinion, best given so, or it may be taken in tablet form. These tablets, however, should be crushed down before being administered. The dose is ten grains, but it ranges from five to twenty, according to the needs and state of the patient. The manufacturers advise that it should be given in doses of five or ten grains, repeated in ten minutes until twenty grains have been taken, or relief obtained. No bad effects are ever observed from this dosage, and this dose gives better results than smaller ones.

Some indications for its use will suggest themselves to our readers, but we may specially mention dysmenorrhea (here it often acts like a charm), headache, sciatica, neuralgia, and rheumatic pains. It is also useful in many cases of malaria, especially when given in combination with the sulphate of quinine. Cases of influenza are often greatly benefited by the administration of Phenalgin. In the latter disease it may be combined with salicylate of soda. In fact Phenalgin is compatible with such drugs as quinine, the salicylates, salol, codeine, the bromides, caffeine, and salts of lithia. The manufacturers now put up a number of such combinations, *e. g.*, Phenalgin with quinine and camphor and with cascara sagrada. One special merit possessed by Phenalgin, which we have not hitherto referred to, is that it is not advertised to the public, either directly or indirectly. It is certainly well deserving of trial by our readers, who will find it to be, we are sure, all that we have said regarding it.—Reprint from the Medical Times, London.

Query—What Pharmacopoeial Preparations Should Be Kept on Hand by the General Practitioner?

BY R. J. SMITH, M. D., SCHENECTADY, N. Y.

If the general practitioner expects to dispense, and the demands of his practice are extensive, his stock of drugs necessary to do good work should be large. If a drugstore is within reach, all bulk goods may be obtained on prescription by the patient, thus lessening the amount of capital invested.

If this query is understood to mean emergency drugs, the list would include apomorphine, atropine, cocaine, digitalin, ergotin, glonoin, hyoscine-morphine-cactin, morphine, hyoseyamine, pilocarpine, strychnine—all in hypodermic tablets. In a pocket case should be carried a sufficient number of remedies to meet indications in acute maladies. This list should include aconit-

tine amorphous, veratrine, digitalin (or the defervescent compound), gelseminine, calx sulphurata, calx iodata, codeine sulphate, copper arsenite, pilocarpine, glonoin, hyoscyamine amorphous, emetine, apomorphine, sanguinarine, calomel, podophyllin, strychnine arsenate, anodyne for infants, brucine, cicutine, tonsilitis tablets, colchicine, Dover's powder modified, dosimetric trinity, chlorodyne, atropine. This pocket case can easily be carried in the inside coat pocket. With a good hypodermic syringe and a supply of tablets, and such a pocket case, a general practitioner has always with him an assortment fully equal to any sudden emergency.

In addition to this, he must have phenol or lysol, corrosive sublimate, chloroform, ether, dolorpyrine, veronal, quinine, W-A Intestinal Antiseptics, Buckley's uterine tonic, glyco-magnesium suppositories, Abbott's saline laxative, hydrogen peroxide, zinc sulphate, bismuth subnitrate. With all these, he will find opportunity for others, as his diagnosis of conditions presenting becomes more refined, but most acute diseases will be met with confidence with the above stock.

The question of active principles versus galenicals must be answered by each for himself, but the ease and availability of the active principles, their economy, safety, efficiency, and uniformity are rather strong arguments in their favor.—Pacific Medical Journal.

Relief in Rheumatoid Conditions.

Dr. Pettingill, of New York City, under the head of "Intestinal Antisepsis," reports some excellent experiences, from which the following is selected:

"Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia in combination with various remedies, has a peculiarly happy effect. Particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination. After fevers, inflammation, etc., there frequently remain various painful and annoying conditions which may continue: namely, the severe headaches which occur after meningitis, a 'stitch in the side' following pleurisy, the precordial pain of pericarditis, and the painful stiffness of the joints which remains after a rheumatic attack—all these conditions are relieved by this combination called 'Antikamnia and Salol Tablets,' containing 2 1-2 grs. each of antikamnia and of salol, and the dose of which is one or two every two or three hours. They are also recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol neutralizes the uric acid

and clears up the urine. This remedy is a reliable one in the treatment of diarrhea, entero-colitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by two antikamnia and salol tablets every three hours, will give results that are gratifying."

Indoor Air in Winter

A well-known writer says: "Those who have experience will tell you that some of the most inspiring hours of their lives have been spent in active movement in the open air. Their best work is really done there and then; afterward, in their offices and studios, they do but formulate or carry into effect what has been already conceived and determined afoot in the free air."

How important it must be in offices, studios, and especially in the homes where we spend the greater part of our time, that the air be pure with the life-supporting oxygen where the work can be done under the best conditions.

The presence of watery vapor in normal air varies with the temperature. When air can take no more moisture it is said to be saturated, and air best adapted for health contains 50 to 75 per cent. of saturation.

As soon as the weather becomes sufficiently cold to require heat in buildings, there is a lack of moisture in indoor air, even with the best possible ventilation, no matter what sort of heating apparatus is used, from the old-log-chimney fire to the modern steam heat.

Special provision must be made for this. A furnace has a water-box which allows moist air to be carried through the pipes, but stoves and radiators give only the driest sort of heat to the rooms, which is not best suited for breathing and is not so comfortable for the body.

Moist air is also more readily heated than air having a very low degree of saturation, and to quickly get the benefit of the fuel used, is a desirable point in house heating.

Keep the furnace water-box filled with clean water, and place on stoves and under all radiators a good-sized receptacle of water; it is surprising how readily the water evaporates.

Pour a little Platt's Chlorides into these vessels, and the warm air will not only be healthfully moist, but this odorless disinfectant will keep it free from noxious gases. The ounce of prevention is worth a pound of cure, always.

—Why do over seventy thousand physicians prescribe Papāyans Bell in indigestion?

Why does the annual sale of Papāyans Bell exceed three hundred million tablets?

Because we prove at our own expense, to every physician who asks, that Papāyans Bell *remove* indigestion—and Trial is Proof.

Bell & Company (Inc.), 68 Murray St., New York.

The American Physician

JANUARY, 1907

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

THE ORIGINAL SIMPLICITY OF HOMEOPATHY.

THE beauty of Homeopathy has always been its extreme simplicity.

* * *

IF we hark back to the times when this form of practice was most in evidence, when it was looked forward to as an undoubted medical material, we will always find ourselves in that period when it was considered a simple, single law, appreciable by any and every one who chose to be informed.

* * *

OUR own personal recollection carries us back to 1864, or along about there—the closing of the Civil War—when our sainted mother lived in a little hamlet in Indiana not over fifty miles from Cincinnati. In this village there appeared from the war the first homeopathic doctor of whom we had ever heard. He had probably never seen the inside of a medical college; he was uncouth in appearance, poorly clad, his language not of the latest Chesterfieldian, and other habits of body not of the most cleanly or desirable; but he was sincere in his homeopathic work, and he was able to score many points against the other two or three (allopathic) physicians in the village and near by. He was laughed at, but was very successful. If this man had been put through a four-year course in one of our modern homeopathic colleges, does it stand to reason that he would have held on to his simple faith as a homeopathic practitioner?

* * *

WE realize that this is an awkward plea for ignorance. Still it is sometimes possible for much learning to make one mad. We revert with deepest reverence to that other historic instance that the Disciples were of the lower class of people and very ignorant; yet through them and their ministrations the basis of the Christian religion was laid. And as with Homeopathy so with Christianity: the learned philosophers, the hair-splitting lawyers, the college professors have

so learnedly dogmatized and defined the two subjects, that, to-day, we have almost innumerable sects of Christians, and no Christianity; and nearly as many kinds of Homeopathy as there are homeopaths.

* * *

HAS anyone remarked the affection with which first-year students turn to the lectures of Kent and Allen and Nash and others of the Illuminati? Is this not because of their simplicity of teaching and the inherent and overpowering conviction that these great men are telling the plain, unvarnished God's truth? But follow those students through the concluding semesters and for a few years after leaving the homeopathic alma mater; then note how gingerly they approach the pure homeopathic remedy. What has happened? The former simplicity has been obscured by the many, many specialties,—to say nothing of the Higher Criticism which has been injected into the Belief in Homeopathy itself.

* * *

WE no longer have cures as they were made in Hahnemann's time, nor those othersome many which gave our school a standing in the seventies and eighties. Has Homeopathy been proven any less the Law of Cure in the succeeding years? It certainly has not. What, then, has happened? It has fallen down in the hands of the younger practitioner, who before he went to college knew nothing practically of homeopathic medication, and, who, during his habitancy of the four-year course, was shown how excellent Medicine and Surgery were in general, and how small the potatoes and few in a hill it was to give any special attention to Homeopathy itself; it is all well enough, he will answer, to learn the materia medica and to have a speaking acquaintance with The Organon; but, to-day, with every hour bringing us new discoveries in serum therapy and electric light, and still more coming of which we have not yet dreamed in our philosophy, it is puerile to pin our faith to an idea—good in its

time—but which we *medical* men have now outgrown. And so our Recent Graduate, with here and there a brilliant exception, hangs out his specialist shingle, and lays in the pound bottles and other devices which that particular specialty calls for. Who calls for? Allopathy, because Homeopathy has no specialties except the Law of Cure, which, as we were taught, is as applicable to corns as to consumption.

* * *

LATTERLY our journals have been filled with scientific papers proving the potency of Homeopathy in pretty nearly every potency. There have been, indeed, a series of these papers—and most remarkably, too, by eye-specialists; but what have they accomplished in the great field of Homeopathy? Have these excellent studies, these famous researches extending over many months, caused one devoted practitioner of Homeopathy—after his fashion—to change the form of his potency, or to alter the alternation of remedies, or to cease the giving of morphine, or to resort to antitoxin and other of the newly acquired serum therapy notions? We doubt it very much. We have heard of no one. Then of what avail these lucubrations? And if money should be found forthcoming to establish the much-coveted school for reprovings or original provings, will that aid us any further in the cure of the sick, than the original simple Homeopathy helped Hahneman and Hering and Helmuth to cure their cases?

* * *

OCCASIONALLY still, though not so often as formerly, we find exquisitely drawn essays on remedies from the homeopathic pharmacopœia of which 95 per cent. of the profession never heard, and, therefore, have never used; but the learned Professor finding himself put to it for matter to astonish his class, or his readers, will select a scarce-known remedy and hammer away at it for half a dozen pages, when he himself has never used it in a single case, and when any practical man could show him that the majority of the working symptoms are large and insistent under *pulsatilla* or *nux vomica* or *lycopodium*. But the callow student, or the worshiper of constituted authority, may buy a bottle of the remedy, and upon first trial find it useless. We have personally gone through with this experience a number of times in our earlier and more trustful years; and have yet on our shelves a half hundred bottles of alleged remedies which in our estimation are worthless.

AS we have tried to show, Homeopathy itself has always been most simple. And in its pristine simplicity it cured the cases to which it was simply fitted. The Doctor had his apprentice-student do not only his bad collections and lard oil his buggy-wheels, but he taught him by actual contact what aconite was good for, and how to apply the other remedies of his limited buggy-case. He demonstrated to that student what could be *done* with the little pills; and he did not bother his head with recondite explanations of the potency, of the spirit in the drugs, of the spirit-like essence inhabiting every old hard-handed, tight-fisted farmer, or of the many-sided theories of The Organon. And when that young man eventually came back from the old-time homeopathic college he stuck to the Law of Similars and made a success of it. The plea we make is for a return to the greater simplicity of Homeopathy; if a student will not use Homeopathy when its value is practically shown to him at the bedside by his Preceptor but needs to be informed by learned lawyers and philosophers and professors of the constituents of the potency, how many ions it displaces in electricity, how the materiality of the potency can be traced by spectrum analysis, then there is very little hope of ever making a homeopath of him. He has partaken of the specialist lotus.

* * *

THE apathy in Homeopathy to which we have referred in the recent past is another sore point with our school. This apathy as every practitioner well knows is not because Homeopathy is played out, but because it is too slow in the way of making money. The father Homeopath who has dawdled along through twenty-five years of country practice with fair financial increment doesn't want his son to dawdle likewise; so he sends him up to college to learn the very latest cut in surgery and gynecology; he cautions him to pick up all there is on tap in modern medicine. When he returns home a partnership is formed, as in one case in California, where the father continues the Homeopathy stunts and general practice, while the son does all the modern things without Homeopathy. Do you wonder at the apathy therefore?

* * *

HOW will you turn back the apathy produced by the Mighty Dollar?

Materia Medica Miscellany.

Stramonium In Typhoid Fever and in the Teething of Children.

Stramonium is one of the homeopathic remedies which is used more rarely, nevertheless, it may prove a real help in need, in violent diseases, as may appear from the following cases:

I. In Typhoid Fever.—Teacher W., in Z., caught typhoid fever from infection and in the second week he was so much excited that he could hardly be held in bed. The patient had violent fever, was continually delirious, frequently saw specters, so that it became decidedly uncanny at times to those present. At other times again he would be merry, laugh at his kinsfolk and declare that he was well and needed not to stay in bed any more. One night the excitement of the patient became so great that it became even worse and the medicine given him by the physician in B. was gone, so I wrote the physician early in the morning before the mail went out that he should come at once, for the case of the teacher had grown worse and he could hardly be kept in bed any longer. Since there was no more medicine I gave the patient up to the time that the physician arrived late in the afternoon, every hour, some drops of stramonium from my medicine-case. At his arrival the physician was astonished at the improvement that had developed and knew not how to explain it. Within three weeks the patient, by the continued use of homeopathic remedies, had so far recovered that he could again teach school.

II. In the Teething of Children.—Little Mary W., in E., while teething had such high fever that she had continually to be carried about. While thus excited the child saw a black cat outside the window, which caused it a violent terror. All night she was very restless and sleepless. At one time it would be startled and cry out from fear of domestic animals which it seemed to see near her. In the morning when I was just about to send for the physician, I thought I would try stramonium; for the well-known remedies aconitum, belladonna, and chamomilla, had not produced any alleviation in her excited condition. After receiving one dose of stramonium, the child fell asleep and did not wake up till next morning, when all her troubles had passed away.

A Berberis Case.

Mrs. S., æt. forty-five, came under my care on February 27 last. History of impaired health for two or three years, and rapid increase in severity of symptoms during past year, with corresponding decrease in strength and avoirdupois. Weight, 87 pounds; countenance haggard; body greatly emaciated; face pale; cheeks and eyes sunken.

Had been confined to her bed for several weeks as a result of continued suffering and weakness.

Inquiry as to subjective symptoms brought out the following: Sticking pain in region of kidneys, extending to bladder, with painful urination and deposit of bright red sediment. Occasionally she suffered intensely from the passage of particles of calculi.

Nausea and vomiting were not uncommon, but the most striking symptom, aside from those directly related to the vesical and kidney regions, was a persistent but not continuous vertigo and faintness.

Patient was not aware that any voluntary action of her own had anything to do with bringing this about. Attacks appeared at intervals of a few hours, at times of absolute quiet or upon motion in about equal proportion.

Frontal headache and backache were likewise extremely troublesome symptoms. Loss of appetite, fitful sleep, and extreme nervousness accompanied the above-named symptoms, but appeared to be secondary to them. The patient had been under old-school treatment for several months, but had had no remedies or treatment of any kind for three weeks prior to date given above. She remarked that she had no faith in medicines and preferred not to take any more; that she was certain that nothing but an operation would help her. To this she was resigned, and desired that arrangements be made for the ordeal as soon as possible. Former physicians had advised it, she said, although she could not tell the nature of the operation they intended to perform.

She only knew that all other treatment and Christian Science had failed; that an operation offered a possible chance for relief, and if this was unsuccessful she hoped that death would end her sufferings. In her state of mental depression and physical pain it was difficult to persuade her to allow another attempt at remedial treatment.

It has been the good fortune of the writer in a number of instances to watch with utmost satisfaction the action of the indicated remedy in similar cases, and the truly marvelous results usually attained were sufficient cause for the very urgent appeal which was made to give the remedy a few days' trial. To this the patient finally assented, but with positive belief that it would do no good. The opportunity was certainly a favorable one for a test of the efficacy of the law of similars, and it is gratifying to relate that homeopathy was once more triumphant.

Berberis vulgaris covers this train of symptoms so perfectly that it was given with full expectation of success, but the celerity of the action was magical. Patient reported on the following day that the pain had almost entirely ceased, and marked improvement was noticed in every way. Recovery continued without interruption and with absolutely no return of unfavorable symptoms to the present time.—Jno. S. Hunt, M. D., Pac. Coast Jour. of Hom.

Hyperchlorhydria.

By H. V. HALBERT, M. D.,
Chicago, Ill.

This disease, though subject to various interpretations, is in reality a neurosis of gastric secretion characterized by the hypersecretion of hydrochloric acid. When this neurosis is well established, the gastric juice contains more than a normal amount of hydrochloric acid during the digestive period. The classical symptoms follow as the result of the acid irritation of a hyper-sensitive gastric mucosa. The disease may be manifested paroxysmally in connection with great nervous excitement, and it is also an attendant state of gastric ulcer. As a pathologic entity it is often defined as a chronic hypersecretion which follows prolonged fasting or the introduction of irritating food in conjunction with a pronounced neurasthenic state. Whatever variations may pertain to the characterizations of the disease we may safely agree upon the hypersecretion of hydrochloric acid and the underlying neurasthenic cause as factors of greatest importance.

The symptoms and the test meal afford the only means of diagnosis. The former are not always appreciated, but the latter is a positive means of identification. While in some instances the disease assumes the paroxysmal form and is announced by severe epigastric pains attending the gastric function, in the majority of cases the symptoms appear gradually and insidiously. Discomfort from the ingestion of food, particularly if it is acid, is the early symptom. Sour eructations, heartburn, thirst, nausea, and headaches are about the only other signs of disturbance during the early stage. Later the paroxysms increase in frequency, severity, and duration, and then pain becomes the troublesome feature. While at first this comes about an hour after an ordinary mixed meal, it may be protracted, its greatest intensity appearing when the stomach digestion is completed. In many instances the paroxysms are so severe that gastric ulcer, gall-stone colic, and even organic growths at the pylorus are simulated by the seizures of pain. Rarely these paroxysms are so lancinating and constrictive that the patient bends double and assumes for a long time a position which seems to palliate the painful peristalsis. This condition, no doubt, is due to the spasm of the pylorus which develops tetanic contractions in its efforts to prevent the hyperacid contents of the stomach from reaching the duodenum. While this

pain is usually limited to the epigastrium and the left inframammary region, it may be felt in the region of the gall-bladder, or be reflected through to the back or away from the pylorus, thus greatly obscuring the diagnosis.

The pain is most severe when the stomach is empty, and thus the paroxysms often appear at night. Proteid food usually gives temporary relief, though the seizures return when the stomach is empty. Vomiting is often copious and is attended with much gaseous distention. One distinctive feature should be noted and, that is, the emesis usually terminates the paroxysm. Alkalies give relief while acids always aggravate the condition. Water in abundance usually relieves the symptoms. Starches cause disturbance on account of the acid excess. Pronounced nervous symptoms are always in evidence and cardiac excitement may be marked. It is not uncommon to observe an attending hysteric seizure.

Aside from the symptoms and the history of the case, we must keep two pathologic possibilities in mind. One, the forerunner, a gastric neurasthenia associated with a general neurasthenic state. The other, a sequence, which often succeeds a prolonged hyperchlorhydria and a possible gastric atony which may lead to gastrectasis with all the attending symptoms of such a state. Thus we are not to consider the condition of hyperchlorhydria of slight significance and in our treatment we should take cognizance both of the primary factor, neurasthenia, and the sequence, gastric atony.

In a cursory review of this subject, it is self-evident that greatest importance should be attached to the therapeutic procedure, and it is truly fortunate that, in a majority of cases, this disease is curable. The first and foremost item of importance in treatment is the diet, and this must be in that form which has the greatest combining power for hydrochloric acid, for neutralizing the excessive free acid already in the stomach and for diminishing the secretion of hydrochloric acid; more than this, it should be a diet which will not have a tendency to provoke the secretion of gastric juice. Thus, it will be essential first to confine the diet to nitrogenous food, not alone because it enters into combination with hydrochloric acid and thus diminishes the amount of free acid in the stomach, but because it is much

easier digested. Next, we must diminish the amount of farinaceous food, inasmuch as only a small amount of this can be cared for in a hyperacid stomach. It is also advisable to omit the stimulating soups, and drinks which have a tendency to increase the secretion of gastric juice. In like manner we must interdict the irritating articles such as pepper, pickles, spices, coffee, alcohol, and wines. Eggs and milk constitute the best dietary for the average case, while most of the meats and fish may be freely used if not prepared with stimulating and teasing sauces. All of these have been freely enumerated in our standard text-books. Cane sugar should be supplanted by sugar of milk to avoid irritation to the gastric mucosa. Starch converted into dextrose may be tolerated. The acid juice of the stomach should be freely diluted with pure water and thus the patient should be encouraged to take plentifully of this. For the sake of functional rest food should be taken at regular and long intervals.

The alkaline treatment is essential not alone to relieve the pain, but to gradually check the hypersecretion. This is accomplished best with sodium bicarbonate combined often with magnesia or bismuth. Many claims have been made for the internal use of silver nitrate (gr. 1-4-1-2) or it has been used as an intragastric spray (1-1000). Atropine, in strong dosage, has also been lauded for the same purpose, though this does not give any permanent reduction in the secretion of acid. Many similar drugs and electricity have been utilized for a like effect. Hygiene also should receive consideration, for it is a proper essential to a healthy circulation and a resisting power to all diseased conditions.

It is of most vital importance to take care of the neurasthenic state which is the primary factor in each case. This, unfortunately, is too frequently neglected, for we are prone to regard the disorder only in the light of a gastric disturbance. This factor is usually corrected by the well-selected remedies and the adjuvant treatment of rest and diversion. The next feature of treatment which is too frequently neglected applies to the terminal stage of hydrochlorhydria. This pertains to the condition of chronic gastritis or gastric atony which succeeds in the prolonged case.

Aside from the indicated remedy, our safest remedy is lavage. No principle of treatment is more serviceable when indicated, or more harm-

ful when indiscriminately used. It is not a panacea for all disorders or diseases of the stomach, and it may be a means of much harm. It is indicated only in this disease when there are fermenting residues of food or irritating secretions in the stomach. When the stomach empties itself in the normal or a little more than the normal time, as it does in the first stage of gastric atony, lavage is not demanded. When there is a chronic gastritis or hypersecretion it is usually demanded for at least a time. In simple hyperchlorhydria it is always serviceable to reduce the excessive acid.

Robinia is by far our best remedy for the permanent cure of the disease when the hyperacidity is the chief symptom. Often, however, this condition is incidental to the neurasthenia, and then some other remedy, defined by the symptomatic expression of the pathology, should be used. When robinia is demanded the sour eructation is constant, the gastric pain is severe and prolonged, there is frequent vomiting of a sour fluid, while a diarrhea is of common occurrence. In the low potency or perchance in the tincture this remedy will usually correct the hyperacidity, though it may not cure the hyperchlorhydria; the latter we must remember is the disease, while the former is its chief symptom; thus after the disturbing hyperacidity is corrected the remote cause must be overcome by the use of some other well-selected remedy.

Argentum nitricum has been highly recommended because it relieves the violent gastric belchings, the vomiting of glairy mucus, the painful flatulence and the more persistent and deeper localized pain which simulates the early stage of gastric ulcer; but all of these symptoms pertain to the later stage of hydrochlorhydria when gastric atony is developing as hyperacidity wanes; it represents, in fact, the beginning of the ulcerative stage when the tissue erosion develops as the result of the acid action upon a debilitated tissue.

Arsenicum comes in a little earlier in the terminal stage of hyperchlorhydria; it is useful when anemia is an underlying factor and the stomach is just beginning to refuse food, or water; the pain then is burning and is not relieved by food, the thirst is extreme, vomiting is preceded by retching and even the sight or smell of food is repulsive; the patient, strange to say, has the morbid craving for abnormal things like acids and coffee; thus it is evident that the arsenicum patient is suffering with more than simple hyper-

chlorhydria. China arsenicum is indicated when hypochlorhydria and hyperchlorhydria alternate.

Pulsatilla is applicable later when the chronic gastritis supplants the hyperchlorhydria and the nausea and eructations are due to the fermentation of remaining food; this remedy is demanded when the hyperacidity, though perchance higher, is due to organic acids and a test meal will reveal the loss of normal hydrochloric acid. Such a condition as this is sometimes an intermediary or temporary stage of true hyperchlorhydria. Sulphur, sepia, mercurius, kali bichromicum, cyclamen, and aurum chloride may, in this respect, be compared to argentum nitricum and pulsatilla, as they refer to a symptomatology depending upon more than a neurasthenic state or a simple gastric hyperacidity.

Atropine has been used for its physiological effect inasmuch as it lessens the normal secretion of gastric juice and, hence, diminishes the HCL. This, however, is like morphine to relieve pain; it may be tolerated for its temporary effect, but its permanent results are not sure unless it is demanded by the symptoms and is administered in the potency. Belladonna, however, as an indicated remedy in this disease has many significant symptoms. The mental and other nervous symptoms certainly refer to the causative neurasthenia; the hyperemic features surely apply to the gastric condition when hyperchlorhydria is at its height, and the neuralgic phases certainly appear during some stage of the disease. Belladonna thus should receive due attention. In line with this remedy we should refer to hyoscyamus, stramonium, valerianate of ammonia, valerianate of zinc, and agaricin when the neurasthenic state furnishes a symptomatology which is defined under these remedies.

There are many remedies which are frequently suggested in the different stages of the disease. For instance, magnesia phosphorica is not alone useful for the relief of a constant belching, but it applies more strictly to that stage in which gastralgia is simulated. Hydrastis will be applicable later when the residual chronic gastritis intervenes. In many cases of prolonged hyperchlorhydria choreic symptoms are manifested and at times the muscle contractions create severe cramps. Then it is we may compare this remedy with colocynth, kali phosphoricum, and dioscorea. Occasionally a bronchial complication attends and it is then we shall often find use for iodide of lime, apomorphia (not lower than the third potency),

aspidospermine or silphium. Orexine tannate corrects the early gastric perversions which follow or attend a sudden hysteric attack.

There are, too, a large class of remedies which pertain to gastric disturbances which are of an acute character and incidental to the hyperchlorhydria. For instance, ipecac is often indicated for a short period or only during the nausea and enuresis; iris versicolor is often a temporary remedy when the reflex head symptoms are more prominent; thus headache, particularly over one eye, is then a guiding indication; bryonia would be demanded when gastric pain is present with the headache, and of course allied with this we shall detect many of the other bryonia symptoms.

The remedies which refer directly to the pathologic cause of the hyperchlorhydria are numerous. In addition to the standard remedies already known we may mention others as follows: asafetida, for instance, when the gastric irritations are pronounced; conium when there is violent vomiting of a clear, sour water and marked acid eructations; dulcamara when the gastric burning is pronounced but is not relieved by arsenic. In the line of sedatives mention may be made of moschus, valerian, sunbul, cannabis indica, avena sativa, zinc phos., zinc picrate, coffee, cimicifuga, and valerianate of ammonia.

70 State Street.

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The Red Onion: A Challenging Study.

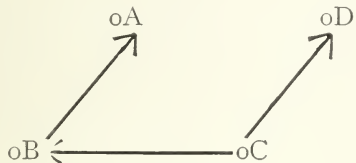
BY P. W. SHEDD, M. D., NEW YORK.

Is there anything in homeopathy? Yea verily, by the Lachrymations, Errhinations, and Sternutations of the Red Onion there is! Is there a law of similars? Yea verily, with tears of joy 'tis to be proclaimed, and the laziest snob who hath a pence to buy and the valor to peel a good red onion may take his lesson in drug pathogeny, and make fitting use thereof when the miasm of acute colds is rampant.

'Tis a happy, harmless drug, the expressed juice of the Red Onion properly compounded with the preservative spirit of wine, and the slothfullest, most obdurate lout embellished with the honorable degree of *medicina doctor* may daintily demonstrate how closely the principle of the drug doth simulate certain rhinorrheas; how accurately its dynamic energy corresponds to the morbi-facient dynamis, which lighting upon a pre-disposed constitution—for all the world suffereth not from a "cold" even in the greatest stress of

frigidity, damp, or germ—creates trouble necessitating many Nasentuecher (nose-rags), and how curative it therefore is in an indicated case (im indicerten Falle). We may almost speak of the drug as dynamically antidotal to the morbid energy—even as in chemistry an acid body and an alkaline do neutralize each other.

A subtle diagram might illustrate the metaphor; thus:



Let A be a pre-disposed constitution; let B represent a morbificity which attaching itself to A educes a certain species of "cold"; C stands for cepa, the red onion which produces in a healthy lout, D, a clinical syndrome most simulative of A and B. By the opposite conjunction of C and A and B we practically obtain a neutralization of the morbid energy B; and A, relieved of the incubus, hieth himself to a purveyor of tobaccos and little pypes and again savoreth the perfume of the Virginial herb, or, being of the fairer sex, doth again delight in the worshipful incense of the matinal rose. Practically, be it emphasized, for how in the marvelous laboratory of nature these things do machinate hath not yet had solution:—will now some pretty philosopher tell us *what* life is, or *how* upon a hillside ten thousand plants build up perfectly from the dull earth their wondrous combinations of utility or simple beauty?

The most dronish microcosmos, having therefore been acquired of a little practical knowledge, may, peradventure, pursue a more inquisitive and assimilative way. If he be robust and sane in constitution, let him ingest hydrargyrum or the quicksilver and watch its simulation of lues; or puke himself with cephaëlis ipecacuanha and then cure a case of vomit; or take iron and behold an anemia—a chalybeate anemia—develop; or mouth strychnia and note the aggrandizing hypersensitivity; or play with arsenic—keeping an eye on his gastro-intestinal tractus and the rest of his system! Then, having established the scientific reactions of such and other substances upon the body in health, he may, perchance, become therapeutically wise (having found a thread to the labyrinth) and know that more things and more wisdom exist than were dreamt of in his

philosophy; and, taking further counsel of the sage men of bygone times and losing more and more of his snobbishness, he may eventually become an agent of increased good to the sick of earth.

To proceed:

PATHOGENY.

Head, Eyes, Nose, Throat.

Dull headache with coryza < in the evening, better in the open air but < on returning to warm room.

Excessive, mild, bland, unexcoriating lachrymation, with photophobia; < evenings.

Profuse watery acrid burning rhinorrhea, excoriating the nose and upper lip, < evenings, > in the open air: much sternutation.

The action of cepa is from above downwards, and when the coryza strikes the throat it causes laryngeal tickling and a hoarse cough, which apparently splits the speech-box and causes tears in the eyes.

Clinical: August hay-fever (nux vomica); epidemic autumnal spasmodic coughs. Damp, cold winds and atmosphere develop allium cepa troubles.

Stomach and Abdomen.

Canine hunger, or anorexia. Pyloric pains; weak, empty feeling in stomach. Borborygmus; offensive flatus; wind-colic (e. g., in children); diarrheic.

Strong craving for raw onions (use high).

OTHER INDICATIONS.

Dribbling or spouting of urine in old people.

Bad effects (e. g., stranguary) from wet feet.

Traumatic neuritis; neuralgia from old injuries.

Neuralgic pains like long threads, < evenings.

Stitchings and burnings.

COMPLEMENTARY.

Phosphorus is complementary and not infrequently necessary when the cepa coryza reaches the larynx and thorax.

There is more to be said of the Red Onion, but for everyday use, the above will do.

—Lincoln Steffens in current *McClure's* doesn't do a thing to Denver. Yes? And we thought it such a beautiful and moral city last year! But then we were so almost exclusively in the care of Sunshine Smythe and McKinley Mastin that no harm could have assailed us.

The Food Factor in Disease.

BY A. JEFFERIS TURNER, M. D.

Most readers will remember a series of papers published by Dr. Hare rather more than a year ago on "The Mechanism of the Paroxysmal Neuroses." In these it is argued that asthma, migraine, epilepsy, some anginas, neuralgias, and gastralgias, and some other conditions are proximately due to vasomotor disturbances; that in all of them a general vasomotor constriction is an underlying factor; that this general constriction is compensated either by a local vasomotor dilatation or by cardiac inhibition; and that the nature of the symptoms produced depends on the particular mode of compensation adopted by the organism, and on the area affected, when this compensation consists of vasomotor dilatation.

Vasomotor explanations of these conditions are not new—it would be difficult to find anything absolutely new in medicine—but of late years they have fallen into desuetude, and I do not think they have ever before been so forcibly and ably urged as by Dr. Hare, who also much strengthens his position by bringing into comparison the physiological processes of menstruation. But manifestly the vasomotor explanation is merely proximate. What causes the arterial constriction that underlies these vasomotor storms? The most natural hypothesis is to attribute this to an altered blood state, and to regard the arterial constriction as a reaction to some irritating material present in the contained fluid.

An identical hypothesis was proposed by George Johnson many years ago to explain the thickening of the small arteries in renal cirrhosis. It is also Dr. Hare's explanation, but he goes further, and formulates an important hypothesis as to the nature of the irritative substance or substances, in a work entitled "The Food Factor in Disease: being an investigation into the Humoral Causation, Meaning, Mechanism, and Rational Treatment, Preventive and Curative, of the Paroxysmal Neuroses Migraine, Asthma, Angina Pectoris, Epilepsy, etc.), Bilious Attacks, Gout, Catarrhal and other Affections, High Blood Pressure, Circulatory, Renal, and other Degenerations." Of this recently-published book the papers I have mentioned are really an integral part, to which Dr. Hare saw reason to give an earlier publication.

Humoral explanations of morbid symptoms, after a temporary eclipse, have been of late

widely entertained. The proof that the widespread constitutional effects of diphtheria and tetanus were due to chemical poisons circulating in the blood stream, and neutralizable by the chemical action of special antidotes, could not fail of itself to bring humoral pathology once more into prominence. That the diseased conditions named in Dr. Hare's title, or many of them, are of humoral causation, and that their primary causation is surplus food material, are opinions widely held. Our artificial mode of life, with its many devices for tempting the palate, and cheating a man into eating when he is not hungry, together with the very common neglect of sufficient daily physical exercise, are vaguely recognized as most efficient causes of disease and degeneration. But, by constant reiteration, we have almost come to regard excess in nitrogenous food (especially meat) as the chief, if not the only deleterious element in diet. I need hardly illustrate this by quotation; as a typical instance I might name Broadbent's very valuable work on the Pulse.

Dr. Hare, on the contrary, believes that excess in carbonaceous food is the main factor. He points out that physiology shows that the organism can without difficulty adjust itself to very different proportions of nitrogenous food. The proteid appears to be split up into its carbonaceous and nitrogenous moieties, and the excess of the latter eliminated as urea, quite independently of oxidation. Except during starvation N excretion is determined by N ingestion, and equilibrium can be established at any level. Muscular exertion and heat formation do not affect the amount of N excreted. With regard to the carbonaceous elements of our dietary the conditions are radically different. Carbon excretion is enormously increased, both by muscular exertion and the influence of cold. That is to say, it depends largely on conditions which may be termed accidental. Any excess carbon ingested may be stored as glycogen or fat. But obviously such storage has its limits. It is notorious, also, how deficient many individuals are in fat-forming capacity. Hence *à priori* an occasional excess of carbonaceous material in the body fluids might be anticipated. To his hypothetical condition Dr. Hare gives the name hyperpyremia (*πυραιος*, fuel). The chemical nature of this load must be left for future research to determine; it may, however, be taken as certain, for reasons that will appear presently, that the excess is not present in the form of glucose.

Hyperpyremia may be prevented by lessening the intake of food, either by a simple reduction in quantity, by specially reducing the amount of carbohydrates and fats, or by severely restricting the amount of proteids, while allowing a free intake of carbonaceous food. The last method, which has been considerably used, acts by reducing the assimilative powers which, like all other functions of the body, depend for their vigorous action on a sufficient supply of proteid. That this is so is indicated clearly by physiological experiment as well as by clinical observation. As a general rule, the former methods of dieting are to be preferred. Most effectual measures of prevention are also increased physical exertion and exposure to cold.

A wholly different method of adjustment is that of fat formation. As a general rule it will be found that stout individuals are free from the troubles caused by hyperpyremia in proportion to their fat-forming capacity, until this capacity has become overtaxed, when they commence to suffer. It will be found also that a whole series of morbid phenomena have disappeared when the individuals concerned have begun to lay on fat. Unfortunately lean people cannot be easily fattened, and it is in these—unless engaged in hard daily physical work—that hyperpyremic affections are most common.

The female sex has special safeguards against carbonaceous accumulation in menstruation, pregnancy, and lactation. It is a suggestive fact that if a woman suffers from migraine or headache at any time, she almost invariably does so at the commencement of a menstrual period, when, according to physiological observations, carbon-tension may be expected to be highest; and the headache is nearly always relieved when the flow is well established. The same coincidence is observed in asthma and angina. It is not very infrequent also to meet with another most suggestive fact—a woman who tells you that she has been a martyr to headaches all her life, except during her times of pregnancy and lactation.

The greater part of our carbonaceous dietary exists in the form of carbohydrates. These are, it is well known, arrested in the liver as glycogen. According to Bernard's theory, which is generally accepted, this glycogen is gradually given off into the blood-stream as glucose, in amounts adapted to the requirements of the tissues for the time being. Pavy contends, however, that glycogen is converted in the liver into fat. For our

present purpose either theory will suffice. We may regard the liver as a reservoir of carbohydrate stored up for future requirements; but we may also regard it, without contradiction, as a dam to prevent an undue amount of carbonaceous material entering the general circulation. Physiological glycogenesis may be looked at as a natural protection against both hyperglycemia and hyperpyremia. After a meal rich in carbohydrates the liver becomes enlarged and its constituent cells swollen. Dr. Hare points out that this swelling can hardly fail to cause some obstruction to the portal capillaries, whose circulation is carried on at a very low pressure; and to the circulatory changes so produced in the alimentary canal he attributes the sensations of hunger and repletion. If this natural process of compensation be overstrained so as to become pathological, there ensues what is known as a bilious attack, all the phenomena of which may be explained as dependent on excessive glycolytic distention of the liver. From this point of view a bilious attack is a salutary effort of the organism to guard against worse evils. It is conservative in intention. One cannot but be struck, in this connection, by Dr. Hare's remark, that the glycolytic function of the liver, which occupies a considerable space in all works on physiology, appears to have been altogether ignored in medicine, except in diabetes, where the function has been presumably lost.

Of what are known as the paroxysmal neuroses, asthma, epilepsy, and some anginas are powerful decarbonizing agents by increasing excretion; the first-named also frequently reduces the intake. Migraine and the various forms of headache, which may be regarded as less developed forms of the same disorder, together with gastralgia, act mainly by reducing the intake. In some of these affections the beneficial effects are not obvious. While they may be regarded as conservative in intention, they are admittedly imperfect and often deleterious means of attaining the desired end. Furthermore, it appears that they tend in time to replace normal physiological methods of decarbonization, and may then be termed pathologically prepotent. At this stage cure by dietetic restriction can hardly be expected. But the theory of pathological prepotency does not only apply to confirmed and chronic cases. In many of these cases some peripheral irritation appears to be an important, often a preponderating, factor. These cases are pathologically pre-

potent from the first, and in them the removal of the peripheral factor is possible, is the correct treatment, though even in them the humoral factor cannot always be safely neglected. Of this kind are the cases of asthma that are cured by treatment of the nose, and headaches that are caused by eye-strain.

There are still other methods of relief of hyperpyremia, which cannot be termed physiological. Recurrent hemorrhages may have a beneficial effect analogous to menstruation. Naturally this method of relief may be too expensive, and long continuance of hemorrhages may conduce to hyperpyremia by lessening the activity of the tissues that lead to decarbonization. But it is worth remembering that it is not always a benefit to a man to remove his bleeding piles; he may, as a consequence, become asthmatic, or gouty, or suffer from some other affection worse than that removed.

Gout is regarded by Dr. Hare as due to a somewhat persistent hyperpyremia occurring usually in an individual of stable vasomotor nervous system not prone to paroxysmal disturbance. He accepts the ordinary views as to the dependence of acute articular gout on the local deposition of urates, but points out the remarkable correspondence that exists between the circumstances that favor carbon-excretion, and those which increase the excretion of uric acid. For instance, the daily cycles which occur in each instance, and the monthly cycle in connection with menstruation, appear to coincide. Glycosuria and pyrexia, which disperse hyperpyremia, cause a greatly increased excretion of uric acid. Physical exertion in one who has previously been sedentary has the same effect. An attack of acute gout disperses hyperpyremia by the pyrexia induced, and this dispersal is followed by a large uric acid excretion. Chronic apyrexial gout has no such beneficial effect; it is regarded as the result of a process of compensation, which has broken down from being overburdened.

That an attack of pyrexia—typhoid fever, for instance—abolishes for the time all the manifestations of hyperpyremia is an observation that anyone can make for himself. The morbid phenomena may, however, return, and not infrequently originate, during convalescence. Shorter attacks of pyrexia, such as ordinary colds and catarrhs, have a similar effect, and Dr. Hare believes that the proclivity of some individuals to repeated attacks of these disorders is due to an

underlying hyperpyremia. The beneficial effect of a seton on migraine and some other conditions he ascribes to the slight, long-continued rise of evening temperature induced. The situation of the seton does not appear to be of any importance.

With the advent of glycosuria, still more of confirmed diabetes, any hyperpyremic symptoms, from which the individual may have suffered, diminish or disappear, but at the cost of a still more deleterious blood-state.

It will be found that individuals suffering from cancerous and other growths frequently obtain, with their advent, relief from symptoms, from which they may have previously suffered, such as gout, asthma, migraine, or angina. This may be attributed to the withdrawal from the blood of surplus carbonaceous material by the rapidly growing cells of the tumor. This phenomenon will occasionally be found of some value in the diagnosis of obscure cases.

The tendency of all pathological methods of relieving hyperpyremia is to become ultimately inefficient. In this case three futures lie before the affected person: he may become diabetic, the victim of chronic gout, or may suffer from persistent high arterial pressure with accompanying vascular and renal degenerations, finally dying in all probability either from cerebral hemorrhage or cirrhotic kidneys.

In the preceding paragraphs I have endeavored to give a summary—necessarily short and imperfect—of Dr. Hare's theory. They contain nothing original of my own, but you will rightly infer that I regard the theory with favor. It is so far-reaching and comprehensive, that no one can be expected to give it even a qualified acceptance without careful study of the evidence. For this I must refer him to Dr. Hare's book and his own clinical experience. The force of the argument cannot be realized in any summary, for it rests principally on the very large number of otherwise disconnected and unintelligible facts, to which it gives a rational meaning. Anyone who accepts the theory as *prima facie* probable may subject it to the test of judicious clinical experiment. Some cases of my own have disposed me to believe that Dr. Hare has added a powerful weapon to our medical armamentarium which, properly handled in suitable cases—some of them of an otherwise intractable character—will give good results.

It is because I believe the treatment valuable

that I feel impelled to conclude with some words of caution. We are too easily led astray by therapeutic enthusiasm. I remember, for instance, that years ago a paper was read in this city on the importance of the treatment of adenoids. I will not say that this paper did not do more good than harm, but the harm it did was very regrettable. Some unfortunate children have had their nasopharynges scraped who, I fear, had no adenoids. Many, I fear, have been subjected to the operation without losing their adenoids. Indeed, I have heard of some whose adenoids never gave them any trouble until an attempt had been made at their removal. Nowadays the anxious mother usually inquires whether her child's adenoids will not come back after they have been removed. We cannot tell her this is impossible, but we may reflect within ourselves that as to the cause of many of the numerous cases of recurrence two opinions are possible. I view with apprehension the effect of a general acceptance of Dr. Hare's theories in Brisbane. I fear to see all sorts of cases, suitable or unsuitable, subjected to diets which do the majority no good, until the very name of diet becomes discredited, and patients eagerly search for a doctor who will tell them to eat what they like, and as much as they like.

One requisite for treating patients by diet is an infinite capacity for taking pains. A thorough physical examination is indispensable; not only must the present symptoms and the past medical history be minutely inquired into, and the weight and general nutrition noted, but the state of the heart, lungs, kidneys, and other organs must be investigated. It is, for example, a foolish proceeding to diet a patient for symptoms that depend on a palpable carcinoma of the stomach. Yet this has been done, and by good men too. Secondly, the diet must, in most cases, be quantitative, though in some qualitative restriction may suffice; and it must be written out with exactness. Many practitioners have rather vague ideas as to diet. Some time ago I was consulted by a patient who had suffered for some years, *inter alia*, from glycosuria. I asked him whether he had been dieted, and was informed that he had been told to eat toast instead of bread! A diet in which the carbohydrates were restricted to 1-2 oz. of bread per diem abolished the glycosuria immediately and permanently. Again, I have seen a woman, who was a confirmed diabetic, and was told that she had been advised to restrict her-

self as much as possible to certain diabetic foods, of which she might take as much as she liked. I asked to see the foods. They appeared to be nothing more than inferior kinds of biscuits, full of starch. It seemed to me that the medical man had not only ordered a food harmful in unrestricted quantity, but had unwittingly countenanced a gross commercial fraud. I mention these cases to illustrate the necessity of insisting that diet should be quantitative. Thirdly, the diet and exercise ordered must be suitable to the individual patient, and it is therefore necessary to inquire with precision into his present habits in these respects—a process which consumes considerable time. Fourthly, repeated accurate weighings are indispensable; to omit them would be like treating a case of typhoid with cold bathing without using a thermometer. Lastly, the patient's character and temperament must be considered, for I think it is only a minority of patients, otherwise suitable, who can be dieted, except under very special conditions.

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*Apis Mellifica.**

BY FRANKLYN P. DAVIS, M. D., AGRA, OKLA.

"After aconite," wrote Dr. Wolf in 1858, "apis is the most comprehensive and universally useful remedy that we possess," and while to-day we do not know the composition of the poison, I consider it a far more important remedy, and as having a greater range of usefulness than is generally accredited to it. For if there is any remedy that will give prompt and expected results when properly exhibited, according to the specific indications, it is apis.

I will not take up space with the history of the poison of the honey bee as a therapeutic agent, further than to say that it is one of our oldest remedies, for the reason that the history of a remedy, while interesting, is not essential to a proper appreciation of its merits, and can in no wise enhance its therapeutic value.

What I may offer in this paper may not be especially new to all, but like Montague, "I have gathered me a posie of other men's flowers, but the thread that binds them is mine one." In addition to my own experience with the remedy, I shall give those facts that are not readily procured elsewhere.

A study of the mechanical construction and

* An interesting account of the bee poison, its introduction into the human system, and a number of fine symptoms.

operation of the sting of the bee is interesting, not only in showing the manner in which the bee is enabled to force the poison into the object stung, but it gives us a clew to the proper mode of extracting the sting. By close examination of a sting that has been torn from a bee we find a bundle of muscles near by and partly enveloping the poison bag. For some time after the sting has been detached from the body of the bee these muscles will work with a pump-like motion, working the sting further into the wound. And after the sting has been removed from the flesh, if it should stick to the clothing in such a way as to again come in contact with the flesh it will commence working again, pulling itself into the flesh and emptying the poison into the wound, the same as if the living bee was working it (Root).

When we examine the sting under the microscope we find it to be a very finely finished instrument which appears to be round, but is of an oval form. It is of a dark red color, and transparent enough that we may see the tubes or holes that run through the center of each of its parts. The sting proper is composed of three parts—the outer shell or husk and two barbed spears that slide partially inside of it. The barbs are much like the barbs on a fish-hook, and when one spear penetrates far enough to get one barb under the skin, the bee has made a hold and has no difficulty in sinking his sting its whole length into the wound, for the pumping motion at once commences and the other spear slides down a little beyond the first, the first beyond the second, and so on. The manner in which these spears are worked, as well as can be made out, is similar to a pair of pump handles operated by small and powerful muscles (Bledsoe). They work with sufficient power to force the sting through a felt hat or buckskin glove (Root).

In removing a sting from the flesh it should be by pushing the sting to one side and out, as to grasp it between the fingers only tends to press the poison out of the poison-bag into the wound.

There are ducts or holes for the purpose of conducting the poison to the wound. Each of the sliding parts has a canal with outlets through each of the barbs, while the center shaft has a hole through its center. Which would indicate that the two separate elements of the poison do not come into contact or mix until they are injected into the wound. These ducts communicate directly with the poison-bag and afford the only means of exit for the poison. The working

of the spears pumps down the poison and there is a check valve that allows it to flow from the poison-bag into the pump, but prevents its return (Cheshire).

The elements that enter into the composition of the poison of the honey-bee are unknown, or at least I have been unable to obtain any positive information on the subject. It is probably a vegetable poison secreted from the honey and pollen that constitute their food, as it is well known that the poison is much more pungent when the bees are working in the fields and accumulating stores largely than it is when they are at rest in the winter months. The poison of the black bee is said to much more toxic than that of the other varieties. It is generally during the basswood bloom that we get those severe stings which draw blood and show a large white spot round the wound (Root).

All the authorities that I have consulted, both eclectic and homeopathic, and including the United States Bureau of Entomology and the Lloyd Library, have been unable to give me any light on the composition of the poison other than to say that it is generally considered that formic acid is the principal element. It is, however, very difficult to find actual authority for even the presence of formic acid. It seems to have been long ago observed and since accepted, and probably is present. But the venom has been shown not to be due to formic acid alone (Selser).

In the Hymenoptera, generally, the poison apparatus consists of two distinct glandular systems, one secreting a fluid strongly acid, and the other a fluid weakly alkaline (Carlet). The first has long been known and produces what we have been led to believe is formic acid; the latter, observed and dissected out by Carlet, consists of a long, glandular tube, emptying at the base of the sting; the mixture is always acid.

Carlet made experiments on flies with these results:

- (a) When stung by a bee they die instantly.
- (b) When inoculated with either fluid the result is not fatal unless after a long interval.
- (c) When inoculated with both fluids consecutively, death ensues very soon after the second inoculation—apparently at the moment that the two fluids mix in the body.

His conclusions are:

1. The poison of the Hymenoptera is always acid.
2. There are two liquids, the one strongly

acid, the other weakly alkaline, and the poison is active only when these two liquids are mixed.

3. These two liquids are produced by two special glandular systems.

4. The two glandular systems empty at the base of the sheath of the sting.

From experiments made by Phisalix on sparrows, it has been proven that there are three distinct kinds of effect from the poison—a local inflammation, convulsions, and somnolence or stupefaction. In these experiments the poison apparatus was taken from the bees and mixed with water, this solution being injected into the birds. In all cases the results were the same as when stung by the bees. These birds are very susceptible, showing the effects almost immediately after receiving two or three stings, and die in a short time.

Phisalix claimed that there were three distinct, active principles in the poison:

1. An inflammatory principle. This he finds by experiment is destroyed by heating to 100° C.; the poison exposed for fifteen minutes to the heat of boiling water no longer causes the local symptoms.

2. A convulsive principle. This is similarly shown to be destroyed by a continued heating at 100° C.

3. A stupefying principle. This was destroyed by a heat of 150° C.

By injecting separately the liquid from the two glandular systems, he found that principles 1 and 3 are found in the acid liquid, and by inference, though not as the result of direct experiment, he concludes that principle 2 is derived from the alkaline liquids.

Under the microscope we find that the drop of poison, after it has laid on the glass a few minutes, dries down and seems to leave a gummy substance that appears to crystallize into strange and beautiful forms (Root). After it becomes dry it will retain its toxic principles for a long time. Cases have been reported where a sting that had been dried produced the usual symptoms six months after its removal from the bee.

According to Root, it has a sharp, pungent taste, and when thrown into the eyes, as often happens, it has a stinging, acrid feeling, "as if it might be composed of cayenne pepper, onion juice, and horseradish combined," and "one who tastes it or gets it into his eyes concludes that it is not very strange that such a substance introduced into the circulation produces such ex-

quisite pain." The poison of the bee has been said to be similar to that of the viper and scorpion, but I have been unable to verify this statement.

Apis has a direct action on the heart, usually described as a pressure and heaviness, accompanied by a drawing-down pain; respiration becomes heavy, followed by nausea, pain in the head, and fainting. Paralysis was the first symptom noted in the experiments on sparrows. When the injection was made in the foot the member became inactive. This was followed by convulsions. The convulsive action continued for from two to five hours, and was followed by somnolence, stupor, and troubled respiration, which were the last symptoms noted before death.

A very good picture of the action of apis in toxic doses may be had from a report of a case that came under the observation of Mr. Selser last year, in which a man received about 100 stings from black bees in a few moments, principally on the face, hands, and arms. In fifteen minutes he had violent palpitation of the heart and buzzing in the ears. This was followed in half an hour by a tingling sensation in his limbs, as if he was going to sleep. While, as he expressed it, his heart beat so fast that his ears felt as if the drums would burst. A little later everything seemed to get black at once. He felt faint and his friends thought he was dying. His lips and finger tips (under the nails) became purple. An hour later his heart slowed down and a severe chill followed. That night he felt a peculiar sensation all through his body, which appeared in different places, but more especially in his head, back, down his spine, in his limbs, and then back to his head again. He had some pain in the region of the heart for two weeks after.

The general indications for the use of apis are a feeling of lassitude with trembling; sudden prostration of vital force, nausea, cold extremities, paleness of face and feebleness of pulse (Pulte). Itching, with burning of any part, constant desire, but inability to freely urinate, the urine being deep red (Scudder).

The one indication that I would lay especial stress upon is that the skin or tissues are a purplish color. With this fact in mind, and the other indications present, we can always give apis with the assurance that it will give prompt and decided results.

I have used this remedy in nearly every disease in which it has been recommended by the homeopathic and eclectic writers, and have always found it one of the most valuable remedies we possess. I have had good success with apis in simple apoplexy, and have given it hypodermically in epileptic convulsions with apparently good results.—Med. Arena.



The Medical Library

By O B SERVER

Radio-activity.

This book by Professor Soddy, except in certain places where the use of the mathematical formulæ is unavoidable, will present no difficulties to the average reader; indeed, the exposition of matters not too easily to be explained is all that can be desired.

The whole wonderful story of an atom in an unstable condition; of a heavy atom undergoing slow disintegration, if so it may be termed, manifestations of energy which come nearer to perpetual motion than anything heretofore known to us, is clearly and fully told.

Radium affords an indirect confirmation of the abstruse speculation of Professor J. Thomson who had shown, on quite different grounds, that we can no longer regard the atom as the ultimate and indivisible particle of matter; that, on the contrary, the ultimate particles of matter are very much smaller, and that all atoms must be regarded as complex and built up of arrangements of something much smaller. Possibly, indeed, all matter may, as some of the older metaphysicians supposed, prove to have the same ultimate basis-material. As radium stores, and under certain circumstances rapidly parts with, an emanation; as it maintains a temperature above that of its surroundings, and as it throws off a constant rain of particles almost infinitely minute, some of which travel with almost the velocity of light, it is obvious that it cannot last for ever, and the life of radium is variously estimated, two thousand years being a probable duration. If this be so, then it seems necessary to assume that radium is being formed somewhere or somehow, else there would be none now in the world, and so the old dreams of the alchemists as to the transmutation of the elements find an unexpected confirmation. They, however, hoped to build up a heavy atom—namely, gold. We have learned nothing in this direction, but for the present can only watch and investigate the disintegration of another heavy atom—radium.

On the medical applications of radium the author, as is seemly, touches but lightly. Encouraging results have, however, been obtained

with rodent ulcer and certain other diseases sufficiently superficial to come within its range of action, but this part of the subject is as yet in its infancy.

Hysteria and Neurasthenia.

At the present day when the text-books on medicine are numerous and comprehensive, there is not much room left for manuals on special disorders. But there are certain diseases best considered in their relationships to other departures from health of which they are either the complement, the cause, or the consequence. This is specially true of functional disturbances of the nervous system, because we are compelled to confess the paucity of knowledge in regard to their etiology, while it is, at the same time, impossible to be blind to their increasing prevalence and importance. We therefore welcome the volume by Dr. Mitchell Clarke, in which is recorded not only the results of the author's personal experience, but also a concise and up-to-date summary of the work and observations of others who have contributed to a knowledge of a difficult and obscure subject. Dr. Clarke gives, with clearness of expression and terseness of statement, a readable and consecutive narrative. His work would have been more complete if it had included a section on hypochondriasis, to which all authorities agree hysteria and neurasthenia are intimately related, and had more prominence been given to the mental phenomena which accompany these functional disturbances. They are incidentally referred to as forming part of the general symptomatology, but many hysterical and neurasthenic patients come nearer the borderland of insanity than Dr. Clarke's book would lead us to infer.

In referring to vascular phenomena, one form of pseudo-angina is described as being hysterical, and another as being neurasthenic; but since both are probably due to vasomotor irregularity, it is not obvious what advantage can be gained from any attempt to differentiate them. "In hysteria," says Dr. Clarke, "the occurrence of such attacks in a young woman, with no history of any illness

likely to give rise to heart disease, and the presence of hysterical stigmata of some kind, leave no room for doubt; similarly, in a typical neurasthenic the nature of the attacks is generally sufficiently obvious." But is this always true in practice? Do we not often meet with cases in which, even with the balance of probability in favor of a simple neurosis, hysterical or neurasthenic, there still remain grave doubts both as to diagnosis and prognosis? The author would seem not to share such misgivings, because after stating, in a subsequent paragraph, that the attacks are generally frequently repeated, he says: "This is not true of angina pectoris of organic origin, and the frequent repetition of such attacks without seriously affecting the patient's health or endangering his life is a valuable aid to diagnosis." Surely this statement is not meant to convey the impression that true angina pectoris usually manifests itself in one attack only, and that repeated attacks of angina, even if apparently of the pseudo type, may not be serious?

In the section which deals with neurasthenia, the traumatic variety of the disorder which is common after an accident or injury is described, but attention is not directed to the characteristic neurasthenic manifestations which so frequently set in after recovery from a surgical operation.

The question of treatment, which is so often inadequately dealt with, is fully discussed, but more emphasis might have been laid upon the correction of the digestive disturbances which are rarely absent, and especially on the necessity, in most cases, of looking after what has been somewhat pompously designated "the hygiene of the buccal cavity."

Bantu Folk Lore.

Dr. Matthew L. Hewat has laid both medical men and folk-lorists under an obligation by collecting into a volume his notes of the folk lore of the Bantu. His book is even more medical than its title imports, for it strays hardly at all from what has a direct medical bearing. Kaffir psychology and demonology have been a good deal studied and attempts have been made to probe and follow the workings of minds which believe intensely in spirits, but hardly in a God; which believe in a hell, but have no name for it. A few points of interest in this connection are adverted to. For example, there is an interesting description of a Kaffir sacrifice, which reminds one of the days and doings of Hophni and Phinehas. The num-

ber and variety of "doctors" among the Kaffirs is extraordinary; "there is a gradual evolution among them from the priest pure and simple to the medicine-man (or leech) proper, who leaves the supernatural out of his method of treatment, and depends on nature's products for the cure of disease."

The most curious thing is that all the different stages in the process seem to be existing at the present day among the Bantu. The faith-healer especially seems to be rampant; and the witch-doctor would be so, were he (or she) not happily restrained in a great degree by the terrors of European law. The native shrewdness, and the cultivated powers of memory, possessed by some of these clerico-medical practitioners, enable them to exercise great and terribly mischievous power.

But, after all, the most interesting parts of Dr. Hewat's little book are those devoted to the description of the more legitimate practice of the surgeons and "herb-doctors," which is often much better and more skillful than might be expected. Thus, the native surgeon puts his cases in newly-built and clean huts, usually on the top of a hill, and seems to understand the anti-septic properties of carbon (ashes). He practices both general and local venesection. A case of spreading gangrene of the hand is mentioned as having been treated successfully by a native practitioner, who kept the arm immersed in a pit full of warm dung taken from a newly-slain ox, the patient being well fed on beef, broth, and beer. Cow-dung plays a large part in the *materia medica*; so do emetics, often of a very severe kind; but as the author remarks, "in a country and nation where at times great overfeeding and gorging are practiced such a treatment is a valuable asset." They use the aloe ferox, and have other powerful cathartics.

The practices used for the prevention or cure of snakebite are of still greater interest. "A native never wastes a snake. One seen is pursued till killed; then its gall bladder is emptied, and the gall mixed with the venom from its poison sacs, and all this with clay, into a bolus, which is swallowed usually in two doses, with a day's interval. The immediate effect is one of pleasant somnolence; the ultimate effect aimed at is more or less complete immunity from the dangers of snakebite for the future." "Some natives as a result of this practice acquire immunity, and will handle poisonous snakes with a freedom only accounted for by a conviction of safety." The local treatment of the bite is judicious—ligature, incision, cupping, a native form of diaphoretic bath, infusions of leontis, sebæa teucricum, and other plants, mostly, it would seem, powerful tonics. Of several Kaffir drugs thought valuable by Dr. Hewat, one at least, the *monsonia ovata*, is now used in the form of tincture by some physicians, and considered beneficial in diarrhea, dysentery, and typhoid fever; the natives also use it externally in anthrax; it is astringent and sedative.

TOPICS OF THE HOUR

As to Teaching Materia Medica.

There lies before us a reprint of "The Teaching of Surgery in our Colleges," prepared and presented by Dr. William V. Van Lennep to the Surgical and Gynecological Association of the American Institute of Homeopathy at Atlantic City, September 13, last. It would seem to the ordinary student of homeopathic colleges that the subject of Surgery had never from the first been in any danger from dearth of interest or lack of proper teachers. It has been the complaint of the older type of homeopaths, ourself among the number, that it was due to the encroachments of Surgery that Homeopathy had become so small a factor in many of our modern homeopathic schools.

Dr. Van Lennep has no special grievance to air, or any startlingly new procedure to advocate in the matter of teaching his chosen branch; his plea is in the main for a greater uniformity of teaching among the accredited homeopathic colleges. Dr. Van Lennep takes one sarcastic fling at the State Licensure Boards which all good physicians and surgeons everywhere in the United States will appreciate: "As for government control, if state's rights must be respected, can we not have a standard which will permit the legally licensed physician to practice in every state, territory, and dependency; which will not render him liable to arrest if he drives across a state line, half a mile away, because New York counts spelling as fifteen numbers, while Pennsylvania rates it at ten?"

After stating his views concerning the series of lectures, their frequency and how delivered, Dr. Van Lennep adds: "The success of these lectures must depend largely, however, upon the personality and enthusiasm of the teacher; if in addition to erudition and experience, he possess the happy faculty of clearly and impressively driving home predigested, condensed data, there is nothing that sticks like the 'spoken word.' Failing in this, recourse may be had to a schema, either on the blackboard or manifolded for distribution, which can be explained and elaborated; a text-book or even a good compend may be selected, or a syllabus printed, of which the students have interleaved copies, underscoring and annotating as different points are brought out."

We quote this paragraph not so much to show how Prof. Van Lennep would teach Surgery, as to state that if Surgery, with all its wealth of visible, tangible material cannot be properly taught without these suggested aids, what can we expect of the homeopathic materia medica, which is naught but a dry-as-dust recitation of flowers, bugs, barks, fruits, poisons, minerals, solutions,

and dilutions, with not a single adjuvant to aid in the presentation! And yet we are wont to wonder that our homeopathic graduates know so little of materia medica or of Homeopathy *per se*, and so much of Surgery and its allied sciences!

Truly materia medica requires and must have some one with "personality and enthusiasm." To merely read a learned manuscript, collated from all the masters in the profession from Hahnemann to Kent, will not impress materia medica. It will amount to nothing to boast of the number of hours that have been given per session, or for the whole four years; something is lacking, fatally lacking, if this is all that can be shown for the four years' study. Kent and Allen and Nash get down to the level of their students, and *talk* it off to them as they would recite an interesting case or tell a good story. If manuscript is used it is only in "heads," for these men (and a few others who are really teaching materia medica) are filled with their subject and talk it, and illustrate it, and hammer away at it until the student grasps the innermost truth and grapples it to his soul forever.

Happily, the meetings at Atlantic City were mainly instrumental in breaking the apathy which has enveloped our practice in later years, and by the spirit of success and optimism which shone forth from each session of the Congress side, new life and hope have been infused. Many of the colleges report new rules and methods and greater determination than ever to return Homeopathy to its former pedestal of a Universal Healing Power. Let everybody help!

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A New Power for the X-Ray.

Editor Bartlett, in his November issue of *The Hahnemannian*, quoting Austin, of Paris, calls attention to a very present danger to the sexual ability of those who have much treatment with the X-rays. "Experiments on small animals have shown that the rays produce sterility in both sexes in a very short time and without any injury to the skin or tissues of the body. The effect of the rays may go as far as to produce atrophy of both testicle and ovaries, though whether or not this is final has not been proven. It is also a well-known fact that physicians who work with the X-rays continually frequently become sterile for a period of time, which has not been definitely determined, but which may last several months."

Dr. Bartlett then sets forth the possibility of an improper use of this newly discovered potency of the X-ray; in that illegitimate and criminal practitioners may use this destructive power to

unsex women in this painless manner in order to prevent conception; and it is an unhappy fact that there are many women, married as well as spinsters, who would gladly be freed of the responsibilities and dangers attending a use of the maternal function.

It would seem that this formerly cracked-up discovery in the domain of science is like to come to a disagreeable and early end. It seems incapable in the hands of an expert to discover a dental plate in the esophagus of a patient, or, rather, it did discover a plate that was not there. For a time its use for examinations of bones resulted in a peculiar parboiling of all intervening tissues, and a later dropping out of the bones as in leprosy. Bullets, which are surely opaque enough substances to arrest the ray, have, at post-mortem, been found imbedded several inches away from that indicated in the skiagraph. And now we hear of its newer power for evil—the unsexing of patient and operator. So many have been the mishaps chronicled in the few years since the discovery, that X-ray treatments have fallen off rapidly, so rapidly indeed as to forecast the possibility of an early lumber-rooming of this gaudy toy.

But there continue and will continue, for revenue only, those dastardly birds of prey, who are still able to buy valuable space in our alleged palladium of liberty—the daily press—enticing the ignorant laity to have a free picture taken of their insides by an X-ray machine, which picture, of course, no one sees but the despicable fakir; *he* is able to see the action of the valves of the heart, the working of the kidneys, watching the urine dribble, dribble by dribble, into the ureters; he can see the tuberculous hole in the lung tissue, the cancer in the ovary, the catarrhal processes in any part of the body, and the color and denomination of the money in the hip-pocket of the man, or in the straight-front corset of the woman. And because he possesses a diploma—one of these fellows in Cleveland,* said *Collier's* agent to us, is said to own seven, each in a different name—he goes unwhipped of our State Medical Examination and Registration Board.

♦ ♦

The Malchow Case.

The trouble in the Malchow case—Malchow is serving one year in a Western penitentiary because of alleged using of the mails for an improper purpose—the trouble in his case lay not in the fact that he wrote and published a book on marriage-matters (which had been done hundreds of times before), but in the fact that he sent through the mail as a prospectus several pages of the *Contents*, which were obscene and nasty in their suggestiveness of matter to be found in the book. It partook in much of the old Marriage-

Guide style. One of these circulars was found on our front porch, and without doubt every resident on our street found one on his porch. We objected at the time and hoped he might find his quietus in some asylum for a time at least. The book we never saw and didn't want to see. The advertised *Contents*, as thrown about and sent through the mail, was sufficient to stamp it as a vile performance. A medical book, even if delving in the dangerous topic of Sexual Life, does not fill the mail with prospectuses outlining with nasty and suggestive pen what the book promised to make still more nasty. Even pictures in medical books do no harm. They are there for a very benign and necessary purpose. But to send them broadcast through the mail is an entirely different matter. Some years ago, as we still remember, an Operating Table man of Buffalo came to grief with the Post Office because of the pictures of nude women on his Tables. The Government was right, since every posture could have been indicated by engraved figures, instead of resorting to the nude living woman who was willing, for the stipulated sestetiae, to show herself in half-tone as no decent woman should have done. The fault with Malchow was, or with his publisher, that he was eager to "paper" the market in advance of publication, and by means of "attractive" literature procure an immense order for his book. It was a cropping out of hereditary commercialism which, if we mistake not, his very name suggests. It was "business"; it was not medicine. We do not believe that the book itself could have been much out of the ordinary; there being, indeed, nothing out of the ordinary to print and publish along this line. His private life, his noble impulses in collating and printing the book, have nothing to do with the case. His act was a flagrant violation of the postal law. His cheerful acceptance of punishment and his voluntary entrance upon his year's incarceration, are to his credit, if they be not still more cleverly devised and disguised advertisements for his book.

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The Buffalo Overhauling.

From a recently received *Buffalo Express* we learn that a homeopathic graduate with our name to his diploma, has been engaged in Buffalo for not less than ten years past in the worst form of advertising practice, for which the Post Office Department finally issued its fraud order forbidding the delivery of further mail to the alias under which it was at last found he was hiding. This is most pitiful. As we remember him he was an exceptionally clever student, though somewhat more ready with question than with answer. Upon his graduation he formed promptly a remunerative connection with a private hospital in Buffalo. The Post Office Department, it may be said, had instituted a general search in Buffalo for people of this ilk and build and he, like the starling in the Third Reader, was caught in the

* Through the action of the *Cleveland News* this seven-named jackal has been driven out of the city, and with him all but one of the others have flitted.

snare set by the fowler for robber-birds; though, not like the starling, innocent, he was found guilty. As a result of this moral crusade, all daily and other Buffalo papers carrying the advertisements of either of the list submitted were to be excluded from the mails if they persisted in continuing the ads. That brought matters to a crisis, and the papers took second thought and sat up; next they began to unload the dirty, obscene freight.

Collier's Weekly did pretty nearly as well for Cleveland—in that it published without stint, fear, or favor the names and addresses of a nasty batch of this same dirty-fingered gentry; but, alas for good morals! *Collier's* had no penal clause, and so, so far as we learn, this nefarious ring still have their latch-strings out—rather enjoying the gratuitous advertisement given. Then, again, unhappily, *Collier's Weekly* excellent as it is, and praiseworthy as are its purposes, is not a popular journal, in the sense only that it is a high-priced journal and does not circulate with the ease and freedom of the daily press; so its strictures, like so many thousand able-bodied sermons, are heard and seen only of the good people who do not patronize abortion shops, and who do not steal just enough to get them into the penitentiary. And, yet, let us not be too precipitate in our statement anent the unco guid people—also the church people; every doctor knows that for every one poor, miserable, squalid, abject wretch who scuffs her tainted feet on his office linoleum, and unburdens her tale of disaster, there will come a dozen of the "better" class, whose social duties, whose club duties, whose church duties, whose home duties absolutely forbid maternity and, hence, therefore—.

The *Cleveland News*, an ably conducted afternoon paper, with commendable enterprise, however, got after that other equally despicable tribe of medical marauders the For Men Only gang, who furnish such regular fat-pay advertisements to even our best daily papers, here and elsewhere, and, as a result, only one of this immune circle now appears in any of our Cleveland dailies. Whether this is because of the refusal of the advertisers to continue advertising, or because the high-minded press has suddenly come to its "oats" and on its part refused to accept the syphilitic dollar, we leave to conjecture. At any rate the *Cleveland News* has made its point.

The question obtrudes, why has it seemed so impossible for the Government to find in Buffalo what every resident physician has known for years? We can understand why red tape and politics and blood-money can blind the eyes of the local authorities; but why should the U. S. Government with its myriad eyes, its numberless hands, its boundless resources, fail to find these offensive, putrid spots? Indeed, why was it necessary for the Government to step in at all? Is this "business" not a crime under the laws of the State of New York? Are there no law courts and prosecuting attorneys in the Empire State?

Does the medical law of New York which presumably covers every conceivable malfeasance of an honest, registered physician, have no hold upon this dishonest, disreputable and despicable horde? Are these laws made only to protect the public against the ordinary decent law-abiding physician, who might get drunk or use morphine or cocaine, or in a moment of anger "swot" a brother-doctor over the neck, while it leaves this leprous spawn to batten and fatten, immune, unmolested, protected by the great daily press, and riding in \$4,000 autos.

Has the college of issuance no power over a diploma once issued? Once granted must it forever after stay granted? In the referred to case nothing has been done thus far by the Government to deter this man from practice. It has merely cut off his mail supply addressed to him and under the alias. Is there not enough evidence, however, in this act to satisfy and quicken even the justice supposed to reside in the New York Medical Registration and Examination Board, to separate this unworthy practitioner from his license to practice in the Empire State?

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A Congress Aftermath.

As a little aftermath we heard someone say that the few foreigners who attended the Atlantic City meeting hardly justified the disarranging of the Institute time and place. A listener answered that the English and French brethren had in each instance, when the Congress met in their countries, changed their own meeting dates; to which there was further answer that even so the meetings fell within or near the usual vacation times of these foreign brethren.

There was, however, no sacrifice to the Americans in postponing their meeting date to September. The fact that the meetings were so well attended clearly showed that the profession liked the later date; and those who affect to sway the Institute policies might well take a leaf out of this book of success and give the Institute the later date for its annual sessions, instead of adhering to the primitive custom of opening seaside hotels in mid-June thereby receiving a trifling rebate on the usual tariff. But when it is remembered how those newly painted and varnished windows stuck, how the rooms were stuffy, unventilated, and cold, how the service was wretched both in chamber and dining room, then the trifling rebate which was vouchsafed was as nothing to the discomfort undergone. And while the original purpose for this early vacation has now disappeared, the vacation time itself continues to be a permanent fixture. The Institute has not for years been in need of this primeval eleemosynary assistance. It has gone to large cities and paid its way. If there was any rate reduction it was because of the great number at the hotel and not because the Institute acted as a dog upon whom to try the newly painted, var-

nished, and paper-hung hotel after a winter of frost and ice and other disagreeable things. The proper time for the Institute's session, barring special instances as would be a visit to California, or to New Orleans, or to Quebec, is in the usual vacation time, say during August or the first week in September. These are the dates when the ordinary medical man finds his patrons flying to the seashore, or the mountains, and it is at this time that the doctor is ready to close his shop and take his holiday. In many parts of our country June and July are very busy months and it is a financial hardship to ask him to leave his parish at that time.

Once upon a time, not overly long ago, a prominent man, in delivering the chief Address at the opening of a \$40,000 institution for reclaiming incorrigible boys, said that it was worth every cent of the \$40,000 to save even one boy. At the conclusion, a worthy woman, deeply interested in the charity, gently took the eminent speaker to task for his extravagant statement and extravagant price as to the worth of saving one boy. "Why, no," said the gentleman, "I don't think my statement of price was extravagant, not if it was your boy or my boy."

Returning to the opening thought we believe, personally, that if but one foreign brother had appeared at Atlantic City, it would have been worth the deferring of the Institute meeting date to September. He would have helped us, as we would have helped him. The half-dozen or more who did come, as was proven by their superior worth and skill, did amply compensate the Institute for any discomfort or disarrangement of its plan that may have been experienced. It means something to go down to the sea in ships, to cross a wide and not always peaceful-bosomed ocean not alone in money but in time and courage. Think then of that journey from Calcutta!

Those foreign brethren leavened the loaf of our Apathy. They came bearing joyous information and glad tidings concerning Homeopathy. They were enthusiastic. They were workers. And they shed that fine feeling of comradeship upon all with whom they came in contact, which years cannot efface.

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American Institute Committees.

The following are Committees appointed by the retiring President, with the exception of the Committee on the San Francisco Fund, which will be given later—possibly in this issue.

Committee on Medical Examining Boards and Medical Legislation: H. E. Beebe, M. D., Sidney, Ohio, Chairman; A. Korndoerfer, M. D., Philadelphia; J. M. Lee, M. D., Rochester, N. Y.; B. F. Bailey, M. D., Lincoln, Neb.; H. H. Baxter, M. D., Cleveland, Ohio; J. B. Gregg Custis, M. D., Washington, D. C.

Memorial Committee: C. B. Kinyon, M. D., Ann Arbor, Mich., Chairman; Geo. T. Showers, M. D., Baltimore, Md.; Geo. S. Coon, M. D.,

Louisville, Ky.; Chas. A. Gale, M. D., Rutland, Vt.

Committee on Homeopathic Pharmacopeia: T. H. Carmichael, M. D., Philadelphia, Pa., Chairman; Wm. Boericke, M. D., San Francisco, Cal.; J. W. Clapp, M. D., Boston, Mass.; Lewis Sherman, M. D., Milwaukee, Wis.

Press Committee: W. R. King, M. D., Washington, D. C., Chairman; C. E. Verdier, M. D., Norfolk, Va.

Committee on Resolutions and Business: B. F. Bailey, M. D., Lincoln, Neb., Chairman; Wm. A. Geohagan, M. D., Cincinnati, Ohio; H. N. Coons, M. D., Lebanon, Ind.; H. E. Baldwin, M. D., Elyria, Ohio; J. Richey Horner, M. D., Cleveland, Ohio.

Committee on International Bureau of Homeopathy: Geo. B. Peck, M. D., Providence, R. I., Chairman; W. A. Humphreys, M. D., Toledo, Ohio; J. P. Rand, M. D., Worcester, Mass.; W. E. George, M. D., Indianapolis, Ind.

Transportation Committee: W. O. Forbes, M. D., Hot Springs, Ark., Chairman; C. A. Schulze, M. D., Columbus, Ohio; C. E. Verdier, M. D., Norfolk, Va.; J. B. Garrison, M. D., New York City.

Committee on Organization, Registration, and Statistics: T. Franklin Smith, M. D., New York City, Chairman; D. A. Strickler, M. D., Denver; H. C. Aldrich, M. D., Minneapolis, Minn.; C. J. Luyties, M. D., St. Louis, Mo.

Committee on Publication: Clarence Bartlett, M. D., Philadelphia, Pa., Chairman; L. C. McElwee, M. D., St. Louis, Mo.; O. S. Runnels, M. D., Indianapolis, Ind.

Bureau of Materia Medica: H. V. Hallman, M. D., Hot Springs, Ark., Chairman.

Bureau of Pedology: H. H. Baker, M. D., Chicago, Ill., Chairman.

Clinical Medicine and Pathology: C. E. Sawyer, M. D., Marion, Ohio, Chairman.

Sanitary Science: Eugene H. Porter, M. D., New York City, Chairman.

Bureau of Homeopathy: Wm. Boericke, M. D., San Francisco, Cal., Chairman.

Conference Committee on A. I. H. and I. H. A. To Include O. O. & L.: J. M. Lee, M. D., Rochester, N. Y., Chairman; H. C. Allen, M. D., Chicago, Ill.; W. R. King, M. D., Washington, D. C.

Committee on Hahnemann Monument: J. H. McClelland, M. D., Pittsburg, Pa., Chairman; J. B. Gregg Custis, M. D., Washington, D. C.; F. H. Orme, M. D., Atlanta, Ga.; T. Franklin Smith, M. D., New York City; Gaius J. Jones, M. D., Cleveland, Ohio.

Intercollegiate Committee: N. B. Delamater, M. D., Chicago, Ill., Chairman; George Royal, M. D., Des Moines, Iowa.

Interstate Committee: J. B. Gregg Custis, M. D., Washington, D. C., Chairman.

Note.—The Committee on San Francisco Fund as handed to us consists of J. C. Wood, M. D., Cleveland; J. H. McClelland, M. D., Pittsburg;

C. E. Walton, M. D., Cincinnati, and B. F. Bailey, M. D., but the Chairman is not mentioned.

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The Gold-Brick Mining and Fool Fleecing Company.

It is truly remarkable when we consider how much has been said in the public press, and latterly, also, in the medical press, concerning the dangers inhering in the ordinary medical man engaging in mining speculations, that there can be found reputable medical journals anywhere which will sell their advertising space for gulling and duping unsophisticated readers into investing their little hard-earned savings in such hazardous ways. The *Medical World* has repeatedly given space to warnings against such investments and has drawn the picture in colors sufficiently bright, clear, and strong to deter any ordinarily sane reader from adventuring upon such adventure. Yet in several of our recent exchanges—and by no means among the mere apron-stringed, college-owned, or commercially-conducted periodicals—but among those who stand ace-high for respectability and ethics,—we find the full-page ad. of a gold mining company holding out the usual form of bait with which every editor and reader is familiar. We assume, with as much charity as possible, that these ads were slipped into our exchanges in exchange for a free block of stock and were not cash purchases.

This special Gold-Brick Mining and Fool Fleecing Company—so loudly and generously acclaimed in the daily press in full-page splendor—offers its dollar-par stock *now* at ten cents; the fool doctor may buy as few as one hundred shares; but if he is not in a position to pay cash down for all the shares he desires to own, why, look you, these beneficent and benignant promoters way out galley west will accept small monthly installments, etc. This particular Gold-Brick Mining and Fool Fleecing Company does not offer this stock as a speculation—bless your innocent gizzards, no!—it is only put upon the market as a safe and solid speculation (wholly and rigorously withdrawn from large capital which is always anxious to engage in money-making schemes), so that soon the plodding two-dollar-a-day doctor may be able to retire on the rainbow dividends secured from the redoubtable Gold-Brick Mining and Fool Fleecing Company, away out west, so far out that no one knows anything about it, except the boomers and promoters, and possibly the many daily papers who upon several mornings gave full-page ads of the concern. And the pity of it, Iago, there isn't a thing new about it; it is the same, stale, moth-eaten, dirty-thumbed advertisement that was old twenty years ago.

By all means, Brother Doctor, bite and bite hard. Doctors are such silly suckers, as a rule, that they will fall over each other to get a nibble at this threadbare, worn-out bait so temptingly dangled before their sin-sick eyes by the daily

press—and a few ethical medical journals. To be sure, sell that thou hast, draw out your savings account, discount your children's schooling and prospects, and your own future, and put it all into this Gold-Brick Mining and Fool Fleecing Company out west. For, since all the other ads of these medical journals are gilt-edged, all wool and a yard wide, of course this Gold-Brick concern must partake of the same order of integrity and probity, and you cannot, therefore, go amiss if you cut out that carefully prepared coupon, fill it in, and with your long-hoarded money mail it promptly, to-day, nay, immediately, lest you be too late and be refused this grand opportunity of being separated irrevocably from your life's earnings. Oh, by all means hurry! This is the very last time a gold-brick concern will soil the clean pages of a medical journal. No, don't even wait for the mail. Telegraph a rush message so you will be sure to get this ten-cent stock, all paid up, treasury stock, non-assessable, which day after to-morrow or the next day or several days after that, or a few years longer, will advance to eleven cents, or as much perhaps as fifteen cents.

Some years ago the mail of the homeopathic profession was filled with the roseate prospects of a personally inspected gold mine in Mexico. It was really wonderful, the output that was promised. That prominent doctor-promoter who was staking all he had and all he could induce his friends to put into it, is still working at the medicine trade; he is not noticeably or offensively riding in any automobile of his own, and he no longer sings of the golden future—but seems very content to let by-gones be by-gones.

Brother Doctor, if you have had a good practice, and have laid away money for a coming rheumatic day, hold on to that money; if you feel that the savings bank does not pay you sufficient interest, put your ducats into real estate in your own vicinity, and watch it grow. But keep out of ten-cent-stock gold-brick concerns. Where one of these schemes has made its holders whole on the bare investment, there are hundreds that were never anything but paper-concerns gotten up to deceive and to catch the small investors. And what we say about gold mines holds equally true of copper, lead, oil, rubber, or any other kind of speculation scheme with which the doctor's mail is frequently flooded.

Do you really need a blue-print to figure out the sanity of this statement?

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Bread and Milk.

During the recent discussions on the causes of physical degeneration one factor has emerged with great prominence, namely, the almost universal tendency in children to early decay of the teeth, with all its disastrous consequences to nutrition and development. It is now practically demonstrated that one of the causes of this decay of the teeth is the general use of bread made from flour which has been prepared by the modern

steel roller process instead of ground as of old between an upper and a nether millstone. It is to be feared, however, that comparatively few of the profession at large, and still fewer of the public, understand what is really the difference between the two processes. This difference is clearly explained, and its importance emphasized, in an article entitled *Bread*, by Mr. Francis Fox, which appeared in *Macmillan's Magazine* a short time ago.

The writer points out that a grain of wheat consists of the germ, which, of course, is rich in proteids and fats, surrounded by an envelope of starch provided for its nutrition, and inclosed in a cuticle. In the old process of milling the grain was ground in its entirety, only the cuticle being removed in the form of bran. In this way flour was prepared which contained all the three elements of food—proteids, fats, and carbohydrates—in their proper proportions, and bread baked from such flour was truly called the “staff of life.” When, however, the modern craze for perfectly white flour and bread came in, millers at once set to work to eliminate the germ, which, while it contained two out of the three necessary elements of food, was guilty of coloring the flour yellowish or brown. To this end the steel-roller process was introduced, by which the germ is not crushed but flattened out into a little disc, which is removed from the flour by a process of sieving. The situation may perhaps be appreciated if we say that the modern process of milling would be exactly paralleled if we were to prepare eggs for the table by first removing their yolks.

On these grounds the writer of the article makes a strong appeal to the public to assist in creating a demand for the old-fashioned flour known as “household” or “seconds,” and he gives some information as to where this can be obtained. At present it is almost unattainable in the provinces, although there are certain proprietary articles which are practically the same thing. For these, however, a higher price is actually charged to the consumer, although ordinary “seconds” are regarded as an inferior article, and are therefore cheaper than the ordinary “best quality” of flour. In spite of the slip which describes the wheat germ as “rich in proteid or fat,” the article is a most valuable one, and contains information which should be as widely disseminated as possible. A more recent number of the same magazine contains an article on similar lines concerning milk, and the policy of providing the public with simple and accurate instruction on these important topics is one which certainly merits, and is sure to obtain, the hearty co-operation of the profession.

Here's a Pretty Mess.

A new cure for Baby's sore mouth. A few evenings since a young father appeared in our office and asked what to do for baby's sore mouth.

“Why, has the baby got a sore mouth?” we

asked, rather startled to think of our possible neglect.

“No, but they always do, my mother-in-law says. She is using the die-dy on the baby's mouth and I don't like that,” responded the father.

“How is that?” we questioned, not understanding.

“Why, she uses only the wet part of the die-dy and rubs the baby's mouth with it.”

And that, it seems, is the custom among many of the foreign class. Here also we found the drinking of urine a fashion—as a prophylaxis against all forms of disease. Another woman informed us that she had had the “rose” (erysipelas) cured on herself many times by having a neighbor woman “speak over her,” which, we learned, was the recitation, in foreign vernacular, of some peculiar charm in words. May this be an earlier form of modern Christian Science which at this moment is so much exercised lest Mother Eddy be in extremis with alleged cancer? In another instance an eminent German had sore eyes which the most skilled seemed unable to heal. A German woman—sort of card-coffee-ground artiste—told him to bathe them in his own urine. This he did and was healed. Truly, there is but a small step between the sublime and the ridiculous. Under which head in his *Doctrine of Signatures* would our clever friend and the esteemed medical author, Dr. John H. Clarke of London, assign the above mentioned uses of urine?

A Few Facts about Man's Life.

A man's life is full of crosses and temptations. He comes into this world without his consent, and goes out against his will, and the trip between the two is exceedingly rocky. The rule of contraries is one of the important features of the trip. When he is little, the big girls kiss him, but when he is grown, the little girls kiss him. If he is poor, he is a bad manager; if he is rich, he is dishonest. If he needs credit, he can't get it; if he is prosperous, everyone wants to do him a favor. If he's in politics, it's for pie; if he's out of politics, you can't place him, and he's no good for his country. If he doesn't give to charity, he is a stingy cuss; if he does, it is for show. If he is actively religious, he is a hypocrite; if he takes no interest in religion, he is a hardened sinner. If he shows affection, he is a soft specimen; if he seems to care for no one, he is cold-blooded. If he dies young, there was a great future ahead of him; if he lives to an old age, he has missed his calling. The road is rocky, but man loves to travel it.

John Chapin Sanders.

John Chapin Sanders, M. D., of Cleveland, O., fell upon the slippery sidewalk, Dec. 22, 1906, and two hours afterward died from the effects thereof at the Homeopathic Hospital.

Dr. Sanders was born in 1825, that year so prolific in the birth of prominent Americans, and he had, therefore, reached a great age, and though in feeble health, true to the instincts of his profession, he continued in the practice of medicine almost to the last—dying in the harness.

Dr. Sanders has been a prominent character in the history of Homeopathy, having taken it up in the late 50's, graduating just before the breaking out of our Civil War, but not satisfied with his general knowledge he entered and later was graduated from Yale. Thus he lived into and through the *Sturm und Drang* of the original Homeopathy. He saw it issue a weak and tottering thing from the German; he saw it grow in beauty and strength; and at the last he found it established in numerous colleges, hospitals, dispensaries, with a clientèle almost innumerable, and public recognition.

Dr. Sanders retained his faculties to the moment of his accident. There was, to be sure, evidence of the great age; but barring these customary lesions Dr. Sanders was whole-souled, quickwitted, and keenly alive to his surroundings. He was President of the American Institute of Homeopathy in one of its earlier years; and he had been frequently honored by his professional brethren with local office. In school work he had been a strong factor, and throughout his long Professorship and Deanship he met and counselled and instructed many young men and women.

It is gratifying to remember that but a short time since he was made the recipient of a loving cup at the hands of his brethren and friends, contributions having been received from all parts of the land, and that the occasion was to him unusually sweet and happy. His son J. Kent Sanders, formerly a distinguished surgeon and gynecologist, but now worshipping at the Shrine of Art in Paris, was home for a short period, comforting the declining years and lonesomeness of the father.

We question whether John Chapin Sanders left an enemy anywhere. His address was so genial, his good nature so ever present, and his manner so uniformly courtly and Chesterfieldian that it seems impossible of belief that he ever offended anyone.

He was another of the Old Guard who die but never surrender.

Dear old friend, may your waking be peaceful and happy!

Globules.

—*The Crusader*, no copy of which has reached our sanctum sanctorum, we infer from other journal talk and from the advertisement in the *Medical Advance*, is based upon the lines of ra-

tional and intelligent correction of those evils which have beset the ways of pure Homeopathy. If this our surmise be true we heartily welcome it to the fold, and add the wish that it had begun in this way its crusade formerly. It must now admit, since it has changed its policy of advance and attack, that its original mode of warfare was wrong; that whereas it unmasked the alleged homeopathy in one of its principal hospitals, it accomplished nothing else. Indeed it found arrayed against it every homeopathic journal of the land barring only one or two, not because of its exposé but because of its method of doing. As we said at the time one may overdo a virtue so that it will become a vice. Dr. Waring's idea was good enough had it been the product of anyone else; but as he had himself been a teacher of *materia medica* in the college in whose faculty was the practitioner upon whom the fight was made, and that he (Waring) had been dropped out or that teachership some time before—he and one other—it appeared to the profession very much in the light of a personal and professional getting-even. However that phase of the trouble has passed away; and we indulge the hope that Editor Waring in his new toy-journal—*The Crusader*—will get back to debatable ground, and attack the wrongs in the profession and colleges as other of the editorial profession have done and are doing.

—The death of Dr. B. Fincke of Brooklyn recently at an advanced age, as we have said in another article, removes one of the striking figures of the old Homeopathy. He belonged to the deeply metaphysical school. He was prepared to defend the ultra high potency against all comers. His own potencies, many of which we still use, were found to be efficient when the symptoms clearly indicated. But that was where the difficulty lay. The newer generation of homeopaths were impatient of the long and careful search for the proper simillimum; and with the daily accreted knowledge of material matters, the value of serum therapy, antitoxin, electricity, massage—and the wonderful help to be had from modern surgery and gynecology—the younger men fell away from the simple Homeopathy and naturally and gradually drifted into specialistic studies. To these older men like Hahnemann, Hering, Hempel, Deschere, Lippe, Fincke—Homeopathy was indeed more like a religion than an art. They approached the sick with a deep feeling of reverence, and with patient skill they sought for the cause and the remedy with many hours of thoughtful prayer. They seemed to have before them always the example of The Great Physician. Hahnemann in his Writings clearly states this condition to be necessary in order to deal effectively with the sick. Note, however, many of the present-day students and graduates. They view the sick body more as a mass of intelligent matter, in which is located the disease for which they are seeking.

Instead of taking the totality of symptoms carefully and skillfully and prescribing a remedy, which, on its part, contains the totality of symptoms, the first impulse seems to be to give the associated ail a good medical name and then either treat that name with homeopathic remedies, or order the body to the operating table. Homeopathy was never difficult; it required patience and an honest desire to help. Dr. Fincke lived a long life and his name cannot fade from the annals of Homeopathy, even though in time the materialistic end of the profession may take the dominant sway. If Homeopathy is to be saved to us and our aftercoming children it must be restored to its primitive simplicity and power. In many of the colleges we hear of a determination to give greater attention to this supreme study. But where are the workers to do this work? The elders are dropping into the grave in ripened old age—only a very few of them remain—and the younger element are not prepared, or have grown indifferent, since it is much easier to give prepared homeopathic tablets for rheumatism, or diarrhea, or aconite for every case of pneumonia, or hypodermic injections of the newest serum discoveries, than to give attention to the Law of Similars. The journals have latterly had many fine papers on materia medica topics by several of the younger men in New York and one or two elsewhere; but the danger always is that these young men being still under the thrall of the alma mater, and, hence, loyal to the doctrines of Homeopathy, may presently become engaged in some specialty and so drift away from the strict letter of the law. It is our melancholy reflection that of the students whom we nourished in our house and taught the law faithfully and conscientiously, and then sent to the homeopathic school, not ONE of them is at this day practicing Homeopathy. They were overborne by the glitter and the tinsel of the mechanical and scientific chairs.

—The death of Dr. Thomas Skinner of England removes another of the homeopathic notables of the last century, who during a long life remained faithful to his higher ideals of the Law of Similia. His little brochure on "Homeopathy in Gynecology," at the time of its appearance, caused a good deal of caustic criticism because of the author's belief in and avowal of the absolute inutility of so many, many operations. He was a good prescriber. We had the pleasure of his assistance in arranging for our Denver (A. I. H.) materia medica program; he gave us an excellent paper and his photograph, both of which we published.

In England, as in America, some of the older men are falling out of the fighting line to become merely affectionate memories with the aftercoming generations. One of the visitors to the Atlantic City meeting, reporting to us, remarked upon the rapid and perceptible aging of many of our remnant host of the Old Guard—who die but

never surrender! He expressed the fear that a very few years would find them all gone, across the Great Divide. And yet the men whom he mentioned are to-day in the very forefront of affairs, strong, stalwart, keen, and alert; taking large part in the policies of our beloved Institute; they are not old as men are called old in England or Germany. But it's the American pace that kills. Dr. Skinner had touched closely the hem of old age, though yet able to continue at work until almost the last moment. Dudgeon was ripe in years as in experience. Hughes was not an old man except when judged by the American standpoint.

Our American forbears, homeopathically, barring Lippe and Hering, Wells and Conrad Wesselhoeft, Lilienthal and David Smith, were all young when they bowed in final courtesy to the Grim Reaper—Allen, Helmuth, Talbot, Dake, Ludlam, Hall, Sawyer, Kinne, Dowling, Holcombe, Deschere, Streator, Bigler, Schneider, Parsons, and others went down in the heat of battle. Of the living teachers of the old, old story—the Hahnemannian Homeopathy,—there still remain Allen, Kent, and Nash; but each of these is skirting the edge of eternity. May they be spared to us for many, many years of usefulness! For after their natural Disappearance, the first volume of Homeopathy will be closed. The newer generation is in the saddle.

—A patient of ours brought in for our examination an account book used by her father, a medical man, in 1849, at the beginning of his practice in Ohio. Here are some of the items in one account:

May 6, 1849, To medicine	.25
June 22 " "	.37½
July 1 " "	.12½
17 " Visiting Ann A.	.75
18 " attendance and medicine	.50
28 " medicine	.15
30 " bleeding and medicine..	.75
Aug. 2 " " "	.50
25 " medicine for child	.18¾
Sep. 9 " medicine and attention	
for Mr. J.	.62½
May 2, 1849. Commenced boarding at one dollar and fifty cents per week, or 1.50 for 21 meals, with the right of deducting lost meals.	
May 30, 1849. To attending wife when confined	5.00
Oct. 2, 1849, To washing from May 2 at 15 cents per week.	
April 23, 1850. To vaccinating 4 children..	1.00
June 29, 1850. To sulphate of quinine...	.37½
July 24, 1850. To extracting tooth	.12½

—We learn that Dr. G. E. Allen of Youngstown, Ohio, died of locomotor ataxia after an illness of several years, the last year being bedridden. Dr. Allen was one of our 1896 party which sailed from Montreal to London to attend the International Homeopathic Congress held in

the latter metropolis. So long ago as 1896 Dr. Allen was very feeble, and for days after setting out on our voyage he was unable to appear above deck and we feared to lose him. Later, however, he picked up a good deal of health, and by the time we reached England was seemingly as strong as any of our party. He was one of our Seven who after the close of the Congress crossed over to Paris and found the tomb of Hahnemann at Montmartre. Because of his erudition, which was ever noticeable though not ostentatiously, the party dubbed him the Greek Professor. He was a fine conversationalist, as he was a skillful physician. He was advanced in years and doubtlessly the Release from his sufferings was welcomed and thankfully accepted.

—The President of the Institute, Dr. Hooker, and Treasurer Smith with some of the Washington brethren, made a visit to Norfolk to view the ground and determined that the Jamestown Exposition Company were fully able to take care of the American Institute of Homeopathy next year.

As the Institute goes to Norfolk, this year the western and central Institute members will likely find the Baltimore and Ohio Railway the proper route to take to Washington.

—While the homeopaths in Cleveland are in a quandary what to do about their hospital on Huron road, whether to enlarge, or sell and build in a better part of the city, the allopaths, through the Methodist Church, are making rapid progress towards the building of a new hospital on one of the finest boulevards of the city—Carnegie Avenue—to be finished next spring, and to be called St. Luke's Hospital. Unless something is done sharply and promptly the homeopaths are likely to lose their identity if the Huron road hospital is sold and a new one established; there being a good deal of feeling among certain moneyed interests to drop out the word "Homeopathic" from the corporate title, and make a general hospital of it. Even if a dual staff were permitted at the start, it would be but a little time before the immense allopathic majority would crowd out the handful of lukewarm homeopaths. The homeopaths of Cleveland have a warm proposition before them; they must unite and live, or remain apathetic and die. What the Cleveland homeopaths need is a Leader who can lead.

—We trust the American Institute Chairmen will not wait until the very busy season comes upon them before waking up the membership for papers and addresses. It is so comfy to put things off when very tired; there's another day to-morrow. We had a fine meeting at Atlantic City; don't let this successor meeting fall behind in any respect. Above all things make it another *Homeopathic* meeting. You will kindly remember that no member of the Institute can be on two or more bureaus. We do not believe this has aught to do with membership in the extraneous Sec-

tions. Bestir yourselves. It isn't as long before the next meeting as it was this year. We meet in June in the Jamestown Exposition grounds. Notify the Secretary as rapidly as you make up your list, so that the program may be properly arranged.

—We note with deep regret the death of Dr. E. Hasbrouck of Brooklyn, N. Y.

—Dr. E. R. Eggleston, formerly Professor of Practice in the Cleveland Homeopathic Hospital College, and later still Professor of Practice at Ann Arbor, is said to be very poorly at his home in Mt. Vernon, Ohio.

—The September number of *The Sketch Book* has a fairly good frontispiece portrait of Dr. James W. Ward of San Francisco, but has it entitled "Karl Bitter" (Decorative Sculptor). Is this one of the versatile Ward's side-lines? He could be guilty of several other accomplishments.

—Mrs. Ida May White, daughter of Dr. Gaius J. Jones, was married to Mr. Clarence O. Davis, of Cleveland, on December 3, 1906. All the happiest felicitations.

—A morning or two since the leading morning paper of our city—*The Cleveland Plaindealer*—gave a clever story of what *McChure's Magazine* purposed issuing with its forthcoming January number in the way of showing up Mrs. Eddy, the Christian Scientist. The *Plaindealer* gave a copy of the picture published by *McChure's* alleged to be a picture of the lady, and then by its side published another picture, which latter the adherents of this system of religion recognize and declare to be the true picture. The letter-press which accompanied the pictures declared positively that the first picture, the one now advertised and published by *McChure's*, is not a picture of Mrs. Eddy at any time of her life, but of another woman entirely, whose name and residence were given, and of this also *McChure's* was informed. It does not require to be a Christian Scientist to see the purpose of the magazine in publishing an untruthful picture; nor will it be difficult to forecast what the written matter will be when it begins to ooze dirtily through the muckrake in January; efforts were made to keep *McChure's* from doing palpable injustice; documents were offered together with personal assistance in revising copy, and so forth; but all these were brushed aside. This promised series of articles is probably to be another Ida Tarbarrell budget,—where everything is purposely black and distorted, and where every effort is made by writer and editors to keep any little ray of sunshine from flitting into and illuminating the copy. This is that style of writing which our noble President characterized as muckraking. It is truly a noble work, that of prejudging and condemning a woman, and hounding her through a number of issues of a cheap monthly magazine.

The fact that this little woman has single-

handed established a mighty church late in her life, that she has done no wrong—as was so insistently and viciously alleged of Rockefeller—that her purposes have been pure and gentle, seemingly have nothing to do with the case. *McClure's Magazine*, which of late has rather been picking up and becoming something beside a cheap gallery of cheap actors, might be in better business than publishing counterfeit pictures of living characters. Justice is justice, even to a Christian Scientist.

—Openings for Homeopaths.—A subscriber living in Mexico, in remitting for his *Envoy*, adds: "At last we have a homeopathic physician here and he tells me he is getting lots to do, is very successful and is getting rich." There is always room for good homeopathic physicians.—*Hom. Envoy*.

No doubt this is true; but there is no need to expatriate oneself, when our own States—especially the South—have plenty of opportunities for really good homeopathic physicians. And, by the bye, Dr. Frances McMillan, homeopath, has been practising in Mexico City for nearly ten years.

—Abbott of the *Alkaloidal Clinic* says in one of his funny footnotes in his journal that Kraft of Cleveland had a severe bump on the sidewalk, but cured it with the 200th of sidewalk. That's Abbott's notion of Homeopathy.

—It would seem as if something still more drastic than fire and earthquake was needed to stop the Thomas-fool-talk of some of the San Franciscans anent the Japanese school question.

—Our handsome fellow-townsmen and successful homeopathic physician, Dr. Adolph B. Schneider of Cleveland was united in marriage on Dec. 12, 1906, with Miss Ila, daughter of Dr. and Mrs. Oscar Waldo Roberts of Springfield, Mass. Seems as if he had to go a good ways from home to get his handsome bride. But if he will promise not to do so again we will forgive him, and wish him and his wife a long and happy life.

—Dr. James W. Ward, San Francisco, removed his offices on Nov. 20, last, to The Marson, 1380 Sutter Street, cor. Franklin. Sounds kind o' natural to hear of his returning to Sutter Street, where he was formerly at "The Wenban."

—En passant we would like to ask Dr. Adolph B. Schneider whether his official opinion concerning the danger of kissing continues as when he delivered his dictum on that subject in Chicago in 1905?

—The Homeopathic physicians of Bexar County, Texas, have recently organized a local society which meets twice each month in San Antonio, Texas. The meetings are devoted to the study of *Materia Medica* and the discussion of topics of general as well as local interest.

The officers for the ensuing year are: Presi-

dent, W. C. Hirzel; Vice President, G. A. Gifford; Secretary and Treasurer, Nettie G. Gray.

—Gen. M. O. Terry and wife, while in Cleveland a few days before the holidays, were made the guests of honor of Dr. and Mrs. H. F. Biggar, Sr., at the Union Club, where covers were laid for upwards of a dozen jolly people. It was practically a family affair, Mrs. Terry having some very warm lady friends in Cleveland the occasion was utilized to have them meet the guests of honor. From Cleveland Gen. and Mrs. Terry went South to spend some time in the warmer climate.

—Good reports reach us from the Cleveland Homeopathic Medical College. The younger men, who are much in the majority in the faculty have "enlisted for the war," as we used to say in 1863. Efforts are making on every hand and in every chair to put the school to first place in every respect.

—Dr. H. F. Staples, an energetic young homeopathic physician of Cleveland, was elected President of the local homeopathic society at its recent annual session. Dr. Staples is also Secretary of the Ohio State Society, and Professor of Hygiene in the Cleveland College.

—*Progress* says that the Denver Homeopathic Medical College is doing well, that it has added about fifty per cent of students this ('06) fall. Congratulations.

—The St. Louis Homeopathic school with its barbarous name of "The Homeopathic Medical College of the State of Missouri," makes an equally good report.

—The Cleveland School could do better in the matter of students, but is satisfied with its pro rata. It has an interesting class of men and women.

—Drs. Strickler, Stewart, and Bradner, all of Denver, have secured a "sweet" of rooms in the Empire Building, corner 16th and Glenarm, and have furnished them with the latest and most approved of professional furniture.

—The phosphorus found in vegetable substances, such as nuts, the gluten of wheat, and like substances, is an organized and highly vitalized phosphorus, ready for assimilation into brain and bone and muscle.—*Health*.

—For puffiness under the eyes *apis mel.* is the remedy. For watery eyes we know of no remedy unless it might be *natrum mur.*

Fetid diarrhea; the child smelling sour, *hepar sulphur.*

Ulcers with a bloody suppuration, with old cheese smell, *hepar sulphur.*

Lead colic calls for opium.

When one always awakes with a very dry mouth, *nux moschata* is called for.

The chief remedy for bloody dysentery or flux is *mercurius corrosivus*.—*Hom. Envoy*.

—*The Homeopathic World* (London) quoting from the *Daily Telegraph*, says that X-rays produce warts. Only a few weeks since a French savant discovered that the X-ray produced sterility in both male and female. What next?

—Mercurius cyan. 12x trit, a five-grain powder every two hours, a cold compress about the throat, and an hourly gargle or spray of permanganate of potash—quite red in color—will do wonders for you in your diphtheria cases.

—A patient came to us from the far Northwestern provinces near Alaska. Had been on the way, she said, about five weeks, with her husband, stopping off here and there prospecting. During all this time she has been suffering from profuse uterine hemorrhage. She applied to doctors here and there, but as she was in her "change" they gave a little medicine and told her to bear it as the proper thing. Not one of the shipful offered to examine to find the cause of the hemorrhage until she reached Cleveland, and this physician merely made a digital examination, oracularly informing her that she must go to the hospital for an operation. A careful speculum examination disclosed a ragged uterine mouth with something hanging out. This something proved to be placental tissue. A blunt curette brought forth almost a tablespoonful of the same tissue. Somewhere along the line from the Northwest she lost the product of conception, with the clots and the immense quantities of blood; but the placenta did not loosen itself. And this was the cause of the hemorrhage. The history of the woman cuts out all criminal knowledge or intent. But think of all these Doctors doing nothing for this rapidly exsanguinating woman except to prescribe ergot in some of its many forms!

—Recently it became necessary for one of our male patients to make use of some sort of receptacle to catch the dribbling urine. What more natural than to turn to the Surgical Supplies store and ask for specimens. Six were laid out, no one of which could have been designed for a man, since there was no possible protection against the running out of the urine if he sat down or lay down. If he stood up rigid and watched himself every minute he might avoid the nasty flood with its nasty odors. Who designed these urinals? We had almost said it was a woman, so absolutely unfitted were they for the male appendage. If not by a woman, then by some anatomical artist who had a new belief in the purposes of the navel button. If the English language would permit without obscenity we would like to describe some of these ridiculous rubber contrivances. However, the man's wife in a few moments manufactured for him a triangular rubber sac with a broad band about the waist line to hold little towels and absorbent cotton to be emptied once in so often. And since then this patient is able to keep himself clean. Why, a simple wide-mouthed bottle hung by tapes, would be infinitely

better than these costly absurdly planned rubber urinals. Isn't it about time for some medical genius to fit a rubber affair to a man so that it will receive urine, hold it, and not move off the point of attachment every time the patient coughs or moves in bed?

—"The Growth of Homeopathy during the last Sixty Years, with some Reminiscences," is the title of an excellent paper prepared by Thomas Franklin Smith, M. D., and presented by him as an Address before the New York Materia Medica Club, April 11, 1905, being the 105th anniversary of the birthday of Samuel Hahnemann. This Address appears before us and the profession in pamphlet reprint form. It is a finely conceived document, and fully carries out the title. It begins so far back in the history of American homeopathy that the memory of few of the present homeopaths can follow or gainsay its facts. It would seem that the first attempt to organize was the New York Homeopathic Physicians' Society. In the year 1843 a committee was appointed from its members to take steps for the formation of a National Society which resulted, on April 10, 1844, in the organizing of the American Institute of Homeopathy, with the homeopathically-immortal Constantine Hering as first President. Everything went along as swimmingly as might be expected in those pioneer days when every allopathic hand was against every homeopath, and the populace was inclined to regard the whole matter as one of ridicule and burlesque; but in 1869 or 1870 when a woman homeopath offered herself for membership, then bubble, toil, and trouble began in good earnest. How the dear man of that time fought against the introduction of women into what had theretofore been regarded as man's sole estate! But I. T. Talbot, the proposer, eventually won out, and Dr. Mercy B. Jackson was admitted.

Dr. Franklin Smith carefully traces out this history, and with his happy diction has presented a state paper, one to be highly appreciated, if not now, certainly later on.

—The American Institute of Homeopathy will meet in the Jamestown Exposition beginning Monday, June 17, 1907. Hotel will be the Inside Inn, and this probably also the general headquarters; an Auditorium not far away will be devoted to the sessions with many smaller rooms.

—Wanted.—A good young surgeon to buy half interest in a \$6000 per year cash practice in a Western city. Practice can easily be doubled. Address "B," This Office.

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FEBRUARY, 1907

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

The Seamy Side.

It is wise, sometimes, to look upon the other side of a problem, if for no better reason than to stimulate our gratitude for the good fortune of living on the unseamy side of life.

The medical college, quite naturally, and in consonance with all other progressive corporations, when advertising its wares, puts on its best bib and tucker, and makes its best Sunday courtesy, to enlist the interest and sympathy of the reader in the hope of securing some modicum of his patronage. And so it comes about that it makes one persistent cry that homeopathic doctors are far from being crowded;—that there's lots of room—out somewhere. The extract which we quote below is from the private letter of a general homeopathic physician, still in middle age, domiciled in a city of large pretensions, where Homeopathy has always been recognized and has had a secure foothold; he is a gentleman of most excellent habits and address, educated and graduated in one of our national universities, a man of affairs in his city where he occupies positions of municipal honors, and until a few years ago able to pick his practice. We make the quotation not so much to show how unprofitable the practice of medicine has become in his hands, and, by inference, in other hands also, as to point out the causes which precipitated the disaster, and, by implication, at any rate to show the remedy:

"I am afraid I shall have to abandon the practice of medicine. Business is very poor with me this winter and it is all I can do to make both ends meet. . . . I agree with you fully as to the so-called prosperity of which the doctor knows nothing except what he reads in the papers. Medical fees are lower here than they were twenty years ago, and the doctors are so thick that one cannot throw a stone without hitting two or three. Osteopathy and Christian Science are also cutting deeply into the general practitioner's work and the various specialists are

getting a good slice of it, besides. My oldest boy would really like to study medicine, but he will never do it with my consent. I cannot see what earthly encouragement there is for a young man to start on that long and rocky road, under present conditions. . . . I used to flatter myself that I knew something about how to get a practice and how to keep it, but I have come to the conclusion that it is all a gamble. A few win, but many lose, and neither merit nor hard work is much of a factor in the final outcome."

The doctor has enumerated several causes for his loss of practice, which all progressive men recognize as formidable factors; but he has forgotten one other and to us chief cause, namely:—That he fell behind. He thought, good easy man, when he had learned Homeopathy thoroughly, and applied it faithfully and conscientiously and cured his patients, that thereafter the world to him was but an oyster to be opened at his leisure. There are many others still eking out a precarious existence who have done likewise and been proven unwise.

Homeopathy, per se, ceased to be a top line drawing card with the common people, the moment homeopathic colleges gave it second or third place in their curricula. That is to say, when they introduced every known device of surgery, gynecology, and other specialties, bacteriology, etc., etc., that came into prominence in the medical market. The moment the young student's mind was taken from the absolute correctness of the Law of Similars, and directed to the scientific phases and inventions of the chemists and their laboratories, that moment Homeopathy took its diminished place as ONE possible factor in the cure of disease, while the right of way was given to everything else that savored of Science and Progress. To be sure the chairs of the homeopathic colleges were increased in number—in what direction, pray? Homeopathy? Not so's one could notice it! Then the colleges began to advertise, as they do

now, everything that the allopaths have and do—some even teach their therapy—as a matter of information only—and hoped to get students from the old school ranks by pointing to the addition of the Teaching of Homeopathy. But, alas, the colleges forgot that when they taught the student the use of the hypodermic of morphine and inducted him into the Eleusinian mysteries of the various laboratories, that thereafter the mere studying and memorizing of pulsatilla and nux and sulphur would prove a decidedly perfunctory and tasteless task, to be laid aside as soon as the test papers had been passed up. Of what avail that the three little chairs of *Materia Medica*, Practice, and (sometimes) The Organon volleyed and thundered? The other twenty-five or forty-five chairs merely smiled, and, what proved more dangerous and disastrous to the Homeopathy of the Fathers, the classes smiled with them.

Now it is not at all unlikely that some of these later all-around graduates of our complaining doctor's own alma mater have settled in his immediate vicinity and are cutting his medical wizzard by giving all kinds of *homeopathic* treatment, with all kinds of adjuvanta; while our doctor is trying to hold his own with his former well-learned lesson as a homeopathic doctor. He fell behind, as we intimated, by not taking up some one of the modern specialties and tacking it to his regular homeopathic knowledge, and gradually bearing down harder and harder on the specialty and less and less hard on his Homeopathy. That would have saved his practice as a doctor, but as to Homeopathy—who will say?

MOURNING for yesterday? Stop it, my dear! Think of the yesterdays, year after year, Age after age, that have drifted away—Whither, who cares? But you're sure of to-day.

Dreaming a dream of to-morrow? Don't do it! There may be accidents ere you are through it; Grief comes to-morrow—your tresses turn gray—You cannot tell—but you're sure of to-day.

Millions of Yesterdays old Time enfolds;
 Countless To-morrows eternity holds.
 These never come—those are done with for aye;
 Both are so many—there's just one To-day.

—Selected.

*Women in Medicine.**

BY CLARA GILLARD, M. D., PORT CLINTON, OHIO.

It may not be necessary in this body of thinking women to preface my remarks with illustrations of the contrasting position that women in medicine retain to that of their co-workers the men, yet custom becomes habit, and things are sometimes accepted without thinking why. We are carrying on our shoulders the yoke of a traditionary and remote period and all the conditions of our lives reflect that period.

Women in the professions have had to accept a certain amount of loss of consideration which has heretofore been shown to their personality; however, we feel that we have made a substantial gain since the classic days of the Grecian Empire at least, for you doubtless remember the story of Agnodice, who desired to study under the distinguished physician Hierophilus so that she might practice among Athenian women.

A law existed to prevent women and slaves practicing medicine in Athens, but this woman with energy and ambition, knew not the word fail. She simply disguised her sex in man's attire, as she had only to part with her long tresses, exchange her woman's peplum for the pallium of the man, and she was ready to study the medical charts and votive tablets in the Temple of Aesculapius with the rest of them. And it is said she did so with less trouble than did the men.

But wise and tactful Agnodice knew to deceive her own sex would not be so easy a matter, so after swearing each of her women patients to secrecy she boldly confided to them her secret, and all went well for a time, but, as sometimes happens, even in these days, some two thousand years after, jealousy was aroused among her fellow practitioners, and to compass her downfall these ignoble followers of Aesculapius concocted a scandal, and poor Dr. Agnodice was summoned before the judgment seat of the Areopagus on a charge of corrupting the morals of "his" patients and thus breaking the famous oath of Hippocrates. Then was the secret divulged, and her innocence maintained on *one* charge.

But when Greek met Greek in tug of competition, *determination* was their motto, and they impeached her with breaking "the law of women and slaves practicing medicine in Athens"; then

* Read before the Chicago South Side Club, Nov. 29, 1906.

did Agnodice become eloquent, argued, and convinced her judges, that though it might be said she had broken the letter of the law, yet as its spirit was directed against the incompetency of women, which she by successful treatment of her patients had demonstrated did not exist, therefore, in breaking the law she had refuted its existence. With the help of the good Athenian wives and daughters she triumphed and succeeded in getting the arbitrary decree repealed. However, but little progress was made in the next nineteen hundred years, as was proven by the shameful riot at Edinburgh, the disgrace of which can never be quite wiped out, even by the deepest penitence and the most sincere recantation of its errors on the part of the university professors, for at that time not only hard words but exposure to the danger of broken bones was the lot of the brave band of seven women who applied for admission.

What do we medical women of to-day know of the burning excitement which filled the lives of our predecessors when every step onward was a prize to be wrestled for? We have compensations, no doubt, although the honor of being pioneers in the hard fought struggle is not ours. A certain author of those times enunciates his views on women thus: "The ideal—h'm—woman is—ah—a being whose weakness is her strength, in whom—ah—feeling replaces intellect, meekness and refinement, strength—who should be a rest to her husband by her freedom from toil. A strength to him by the appeal of her weakness." This was doubtless the ideal woman in those days which prompted the writings of the books of *Medical Women in Fiction*, as *The Woman Hater* by Charles Reade, written when the struggle was at its height; *Doctor Victoria* by Maj. Gen. Alexander, which was intended to aim a deadly blow at the cause; *Dr. Edith Romney*, by Anne Elliot; *Helen Brent, M. D.*, *Winds of March*, George Knight; *Place with Honor*, Sydney C. Grier; *Mona Maclean*, Graham Trevers; *Sweethearts and Friends*, by Maxwell Gray; and many others. Still the dauntless band of pioneer women kept pursuing.

Granting that it is proverbially difficult to induce the public to take any innovation seriously, ridicule like obloquy only makes an excellent advertisement, because the curious public is stirred up to see what all the fuss is about, and to see fair play; the results of which have been the establishment in Boston, in 1848, of the first med-

ical school for women in the world. In 1862 the Philadelphia Woman's College; in 1866, Italy, Denmark, Norway, Sweden, Belgium, Switzerland, and France graduated women from their medical schools. The London School of Medicine was not opened for women until 1874; three others have been inaugurated since then. Though Oxford and Cambridge are closed to women, there are six universities open to them in which to take degrees and diplomas equally with men.

Elizabeth Blackwell was the first woman to receive a diploma in medicine after having applied to twelve medical schools. She opened a hospital at Genoa, N. Y., in 1854. A meeting held in her parlors during the civil war developed the splendid organization of the sanitary commission. In 1873, Dr. Mary Jacobi, who had not long before returned from France with a diploma from the Paris Ecole de Médecine, was admitted without discussion to the Medical Society of New York; but not until 1876 was the question of the right to a seat of a woman delegate settled. In 1874, Dr. Annie Angell was the first woman to receive a hospital appointment; this was at Mt. Sinai Hospital, N. Y.; she served three years acceptably; about this time Dr. Mary Jacobi was elected to fill the position of clinical lecturer on children's diseases in New York.

One hundred thousand dollars was given to the trustees of Johns Hopkins College for the admittance of women; the doors were opened to them in 1891. A very valuable friend to the cause was Cardinal Gibbons; in his argument we find this remark: "It is perhaps not sufficiently understood that there is no obstacle in ecclesiastical or canon law to the education of women to the medical profession. Among the persons inhibited by the Church from pursuing the profession of medicine are included priests, monks, and clergymen generally, but not women." Much as has been gained, much remains to be gained before women can be said to have conquered equal rights with men in the field of medicine. And the once general odium that attached to the name of woman physician still exists in certain quarters to some extent in the form of an undefinable prejudice.

To-day, in all the chief and progressive countries, women are encouraged by the authorities, and medical men are not hostile; when necessary they meet qualified women amicably in professional consultation. In England and Wales there

are two hundred and twelve medical women; half this number are holding some public medical appointment in attendance on their own sex. The Royal Free Hospital has women house surgeons and physicians in collaboration with men on its staff, and a woman registrar.

The Church Army in some districts employ salaried women. Women find a fine field of enterprise in the Indian Empire, where, unless women can have their own sex attend them, they can have no other; many women practitioners from England avail themselves of this opportunity, for in England there is strong prejudice existing in the minds of most women at the mention of a woman physician; they say something vague about "nerve" and "nerves," as though men invariably held a monopoly of one in the good sense, and women a superabundance of the other in the bad sense, forgetting that there can be nervous men and also women of nerve. Yet seven women, who have taken degrees in the University at London, have won gold medals; one took first-class honors, one year later a gold medal in surgery, and three years later, in 1896, achieved distinction as the first woman to take the degree of *M. S. London*, the highest possible degree to be obtained by man or woman in surgery. We may imagine, indeed realize, that it took some nerve as well as brain to win these distinctions.

What we women physicians most need is the impartial judgment of our work—as work done, *not* as woman's work. Particularly the women not forced into the arena as unwilling victims of circumstances over which they have no control, but as self-elected workers who expect and intend to make individual places for themselves through hard work.

There is a continual appeal from women that justice be done them by men in the profession, and a corresponding overlooking of the fact that it is from among the ranks of women that their most bitter opponents are too often to be found. If you will pardon a personal allusion, I would like to use as an illustration an incident in my own practice. A few years ago I was called to a case of obstetrics, in whose family my husband was known as the family doctor. Upon my arrival I found a neighbor friend giving advice, to the effect that as I had borne no children my experience in this capacity must be limited, and it would be wiser to call the man-doctor in; but for once Dr. David Gillard's position and my own

were parallel, in this *one* respect at least, and anxious to gain a foothold I presented my side of the argument, and added that it was not necessary to have typhoid fever, smallpox, or measles to know how to treat them. So much more is expected of women than there is of men in the same walks of life, for as women are more emotional and sympathetic than are men, they are also more prone to intolerance where they are not in accord, and unlike the times of the early Greeks where the opposition was from the men, to-day it is tacitly from the women who are not our patients.

Dr. M. Belle Brown, one of the New York up-to-date physicians, says: "I have always taken the ground that a woman is a doctor, asking no favors or privileges on account of her sex; she receives her education in the same schools as men, passes the same examinations in college and by State boards, and if a woman wishes to be successful in the practice of medicine she must necessarily forego many social privileges, and much about the home must be sacrificed to the professional duties. A woman who enters upon the practice of medicine will succeed even with moderate ability if she is in earnest, because women are needed. That is, if she studies with the intention of practicing, not as a make-shift until she marries or secures an easy position in some institution. What I call the practice of medicine by women is going right ahead with general practice for say ten or fifteen years, taking everything that comes along, not choosing her work; after that, if she chooses or prefers, taking up some specialty. A woman in the field of medicine is no longer an innovation. Her right to practice is established by regularity of authority and guarantee of law."

Dr. Brown is on the consulting staff and hospital staff of the New York Medical College for Women. Much has been said about a costume for women doctors. I say dress in feminine attire although we know that it is the cowl that makes the monk in the public eye, for he would hardly be a monk without his cowl; and as in Agnodice's case her practice was established by not wearing the peplum of the woman but the pallium of the man. Likewise the nun and the hospital sister know full well that the habit and the uniform carry weight; but luckily there are many who prefer to consult with a woman, and the number is increasing.

In our own country, Dr. Florence N. Ward, of

San Francisco, is by all odds the most eminent and skillful surgeon we have in our ranks to-day. Dr. Genevieve Tucker of Denver has an enviable reputation as a surgeon. To your city belongs the honor and credit of having the first woman graduate in pharmacy, Mrs. Ida Hall Roby, who received her degree in the North Western University of Evanston in 1899. She had charge of the model drug store at the World's Fair; the only place on the grounds where the public could purchase remedies. A young woman clerk in her drug store carried off the medal for scholarship in the Northwestern University over a class of sixty-five men.

There is a tradition to the effect that every occupation conducted by women displays the unmistakable sign of femininity; tact and dignity are characteristic of the successful woman in medicine; she keeps out of sight the bits of embroidery, at least during office hours. The rule that doctors should have no emergency cases, applies to both sexes; there are many among us who when necessity demands surgical interference of whatever nature go about calmly and with determination not to fail because we are women. I remember one dark night in February, 1899, when the thermometer registered sixteen degrees below zero down in Ohio, being called twelve miles in the country to a little shack, isolated on the Bay shore, to find a young man with a crushed leg; it had been run over by the cars; he had dragged it a mile and a half to where he saw a light to send for a doctor. In these days of asepsis in hospitals with tile floors and wainscoting, glass tables, and porcelain receptacles to render everything aseptic, it is difficult to picture a case without these surroundings and report the most favorable results. Amputation at once was necessary; there was nothing for use except a kitchen table which possibly had not been cleaned since the purchase of it; only greasy pans for instruments; and Bay water so densely mixed with sand one could not see the instruments in the bottom of the pan; there were no costumed nurses to assist us, only Dr. David Gillard and myself to administer the anesthetic and do the operating; no light but that of a small kerosene lamp held by the man who lived in this house, who occasionally found his duty too irksome and would retire to the fresh air. The patient's recovery was uneventful; he now weighs two hundred pounds.

A few years ago the social mentor did her best

to teach a woman that her endeavor should be to fall into line and conform to one universal type of character, one mold for the whole sex of womankind, and that the supreme virtue in woman was self-effacement; no matter what her gifts were she was not expected to develop them; she could not marry and cling to her art. In proportion as she was successful as an artist, author, or in the professions, she was presumed to fail as a woman; for some inscrutable reason the world maintained that an incongruity existed between housekeeping and any other avocation at the same time; not so to-day; custom no longer puts upon all alike the same blind-bridle and rein and starts them monotonously down the unswerving and undiversified path of self-effacement in domesticity.

The woman to-day, as is shown in the case of Madame Curie, does not take her view of the world second-hand from her husband; she steps to the hill-top beside him to couple her strong vision with his; and since Prof. Curie's untimely death (under a passing vehicle on the streets of Paris), no one can be found to fill his chair in the college except the wife, Madame Sklodowska Curie, the world has to acknowledge that Prof. Curie was the helpmate to his wife in the wonders of radium from its introduction in 1902. He had the Chair of Physics in the great Paris University, and Madame Curie, who is of Polish origin, born in 1867, was a force in the laboratory work. She was educated in Warsaw and married in 1891; took up scientific studies in Paris, where she received the master degree of Physics and Mathematics. The second year after her marriage she was appointed Professor of Physics in the Woman's Normal School at Sèvres near Paris. A little later she took her doctor's degree at Paris; and, now, since her husband's death, and contrary to the rules of France, her knowledge on the subject of radium being required and no other person possessing the same, Madame Curie has been honored with the full professorship formerly occupied by her late husband.

—The farmers received \$1,100,000,000 for their corn crop in 1906. Just six dollars more than the doctors got for their appendicitis operations. Queer coincidence that, if true.—Mastin in *The Critique*.

Notes on Some Anesthetic Sequences.

BY A. G. MCGOWAN, M. D.

We are indebted to Clover, one of the fathers of the scientific administration of anesthetics, for introducing one of the best and safest sequences, that is the nitrous oxide and ether sequence, or as it is commonly known, the "gas and ether method." Amongst its advantages are these:—That gas is easy, safe and pleasant to take. Its rapidity of action annuls consciousness quickly and enables ether to be exhibited to a patient under its influence, without him being conscious of its irritating pungent odor, and thus, being able to give the vapor freely, without risk of causing inconvenient cough or respiratory spasm, the patient quickly passes into a profound state of ether narcosis, without the slightest discomfort.

Ether and nitrous oxide make a particularly good sequence, as both require some air-limitation for the successful induction of anesthesia, and so they can be administered from the same apparatus, whereas gas and chloroform are impossible, as one requires little or no air, and the other must have it in abundance. And granted you had anesthetized a patient with gas and then proceeded to give chloroform by the open method, the only safe way too, long before your patient was under chloroform he would have recovered from his gas anesthesia, and so you might as well not have used it.

Briefly the gas and ether sequence is thus conducted:—A combined gas and ether apparatus of an approved make, preferably Hewitt's, is chosen. The ether chamber is charged, and the index turned to number 0, the gas bag filled with about two gallons of gas, and the tap leading from the gas cylinder turned off. Then having seen that the face piece fits accurately to the face, the patient is given gas in the usual way. At first he breathes in the gas, but exhales into the air, not back into the bag, by means of the valves. After a few breaths thus, the valves are operated so that the patient breathes gas backwards and forwards, his exhalations going into the bag. At this time ether is gradually admitted with each expiration into the bag, and so is breathed in mixed with the gas. Signs of gas narcosis rapidly show themselves, and gradually more and more ether is admitted, and in about two minutes the patient is stertorous and somewhat dusky, and the signs of deep ether anesthesia

rapidly supervene. A breath of air is now admitted, and the gas bag changed to an ordinary small ether bag of paper or indiarubber, and the administration is thenceforth conducted as for ether.

A simpler method is adopted by Woodhouse-Braine, who induces anesthesia by nitrous oxide to its full extent, and then allows a breath of air, and during the following expiration applies to the face an Ormsby's inhaler charged with about one ounce of ether. If the breath be held, as it may be momentarily, he keeps the inhaler on, unless the corneal reflex be absent, in which case he allows another breath of air, and as soon as the patient breathes he rapidly passes into deep ether anesthesia without any trouble. The disadvantage of this sequence is that the gas apparatus is cumbersome and difficult to carry about, but for hospital work it is excellent. This method is contra-indicated in cyanotic and breathless patients, and in any pulmonary complaints, where the air limitation would be most harmful.

We will now look briefly at another sequence, the chloroform-ether sequence. From many points of view this sequence would appear highly satisfactory, as you can induce anesthesia pleasantly and quietly by chloroform, and then maintain the state with ether, thus avoiding the unpleasant effects of ether. But an important consideration as regards this sequence is this:—That most chloroform fatalities occur in the initial stages of the administration of that drug, and by using it thus you are running a grave risk, and it is to avoid this risk indeed that sequences are so valuable; also, if you fail to hit the exact and proper time to make your change to ether, the pungent vapor may start the patient coughing, and struggling, and also increase in this way the danger of syncope. If, on the other hand, your patient is too deeply off when you make the change, the deep respiration induced by the ether may overload the circulation with the surplus chloroform vapor which is in the residual air in the lungs, and which has not had time to be got rid of, and a dangerous overdose of chloroform may thus be taken. When changing to ether always use an open or semi-open mask, or else you may kill your patient by concentrating the vapor of the chloroform already in the respiratory passages by the exclusion of air through the application of the bag. I consider it such an unsatisfactory and dangerous sequence that I only

mention it in order to caution you against it; indeed, I would only use it in cases where for some reason you have deemed it necessary to use chloroform as your anesthetic, and finding that the patient is not doing well you are compelled to make use of such a sequence, but I would never use it for choice.

The Ether-Chloroform Sequence.

This is a succession often used in practice, as when for some reason ether disagrees, and it is deemed advisable to change to chloroform, or for instance when incomplete muscular relaxation is present or too profuse bleeding is excited by ether. For other reasons, however, this sequence is desirable, namely, to avoid using chloroform as an agent for *inducing* anesthesia, for if we induce anesthesia with ether and continue with chloroform we avoid the great danger of the initial cardiac syncope of chloroform. For long operations also, a change to chloroform is often desirable to avoid ether saturation, and then, if needful, later on, ether can be gone back to, making the sequence ether-chloroform-ether. From the standpoint of the patient, however, the induction of anesthesia by ether is not pleasant, but this can readily be overcome by using gas, ethyl chloride or A.C.E. as a preliminary to the ether.

One precaution in using the ether-chloroform sequence must be taken, namely, the change should not be made when the patient is struggling, or when deep ether anesthesia is present, as the vigorous breathing under ether may cause a rapidly toxic dose of chloroform to be inhaled. In making the change, moreover, it is advisable to allow the patient to come to, enough to give a cough, if any signs of ether mucus be present, for the even partial obstruction of the air way in chloroform administration is exceedingly dangerous, and may be the determining factor in an arrest of respiration, and even if you escape this danger, throughout the administration you will be troubled with stridulous breathing, laryngeal and jaw spasms, and other alarming symptoms. As a general rule, make the change when a corneal reflex is present, and the respiration is regular and the patient is not too deeply under ether, and use very small doses of chloroform at first. Swallowing or coughing is not a contra-indication, rather the reverse for the change, as it means the patient is not too deeply under. Often after the change to chloroform is made

the patient falls into a deeply narcotized state, with very quiet respiration and a tendency to pallor of the face and lips and softish pulse. This, I think, marks simply the rebound of the circulation and respiration from the stimulating effect of ether to the cardiac depressant effect of chloroform. In this state give abundant air supply and little anesthetic, and rub the face and lips briskly with a soft towel. This latter is a procedure much recommended by Frederick Hewitt in pallor during chloroform anesthesia. He calls it the "dry shave," and whilst unable to explain its *modus operandi*, is enthusiastic in testifying to its effect in causing a deeper and more audible respiration, and also in stimulating the cardio-vascular system, as shown by the improved color of the face and lips.

The A.C.E. and Ether Sequence.

For many reasons this is the very best routine anesthetic sequence, as it is safe and reliable and easy to work with. The sweet aromatic taste and smell of A.C.E. makes it pleasant for the patient, and there is also no danger in passing from A.C.E. to the ether; indeed the change is quite unnoticed by the patient, and in most cases—indeed you may say in all cases practically—the ease with which the patient passes from partial A.C.E. anesthesia to deep ether anesthesia is as remarkable as it is satisfactory.

As I have to refer on several occasions to the "A.C.E. mixture," may I be permitted to introduce here a few remarks on that most valuable mixture, which I most earnestly recommend for your consideration.

A.C.E. was first prepared and used by Harley, in London, early in the history of chloroform and ether anesthesia. It has undergone several slight improvements and changes in composition and method of administration; but its value, I think, has to a great extent been lost sight of by the profession generally. It is undoubtedly the very best and safest *routine* general anesthetic. It is safer than chloroform, and easier to give than ether, and its smell and taste, as I have said, are most agreeable to the patient. Its safety lies in the excellent stimulation to the circulatory and respiratory systems, whereby the pulse is much fuller than with chloroform, and the face slightly flushed and the respiration deep, regular and audible and visible to the administrator. It is commonly considered that you cannot anesthetize a robust subject with A.C.E., but I humbly say

that this is a grievous error, and it is not the robust patient but the anesthetist that is at fault, if he fail to induce any depth of anesthesia requisite by its means, for remember it is chloroform diluted with ether and alcohol, and it must be given freely, though not recklessly, of course. It is best prepared thus:—Absolute alcohol 1 part, chloroform 2 parts, Schering's 720 ether Puriss, 3 parts. Mix in a bottle and shake well, and keep closely stoppered till used. Have it as fresh as possible, and always make it yourself. The purity of the ingredients is absolutely essential to good results. Use *absolute* alcohol, not rectified spirit, as is commonly advised, and ether, specific gravity .720, prepared from ethylic alcohol, and I find Schering's the very best, in the original 2 lb. bottles with the red-lettered label. Of late a mixture of chloroform 2 parts and ether 3 parts has been recommended, and gives every satisfaction. As you will see it is A.C.E. without the alcohol, and is known as the "C.E." mixture.

In C.E. mixture the absence of alcohol prevents undue dilution, and its presence does *not* tend to make the chloroform and ether evaporate proportionately to the ratio of the quantities in the A.C.E. mixture, as is commonly supposed. With C.E. the absence of alcohol causes anesthesia to be induced more quickly, gives better evaporation on the mask, and the patient recovers quicker from C.E. than A.C.E., and there is also much less post-anesthetic depression, headache and vomiting. I have quite given up A.C.E., and use now the C.E. mixture, with the best results desirable. C.E., and A.C.E., too, for that matter, is a much more stable product than is commonly supposed, and in view of the heat generated by the mixing of the component parts, and of the latest discoveries as regards the chemical changes which really occur, when we think we are simply dealing with the mechanical mixing of many substances, it may be quite feasible to think, and many do think so, that there is not merely a mechanical mixing of alcohol, chloroform, and ether, but a real chemical change and interaction, with the possible formation of a new anesthetic product, of whose existence we are at present ignorant and can therefore only surmise.

In administering C.E. or A.C.E. a few cardinal rules are to be observed:—(1) Always give plenty of air; (2) use small quantities at a time; (3) renew the dose frequently. By these means you insure a constant vapor being presented to

the patient, and the proportions will be, roughly, 2 parts chloroform and 3 of ether in the vapor. If you use too large quantities and do not renew your dose often enough you will get the ether evaporating quicker than the chloroform, which is left on the mask in undue proportions.

I always commence with an open mask, Schimmelbusche's for preference, covered with flannel, homette or gauze, using dram doses, but commencing with a few drops till the patient has got used to the smell and sensations of inhaling the vapor, and aim at keeping the flannel wet with the mixture, renewing as often as is needful. When signs of light anesthesia are noticed, say in about three minutes, I change to Silk's mask, with one dram of mixture on the sponge, which must be small and open-meshed and wrung out in warm water to insure a good vaporization and a free airway by softening its texture and dilating its pores. The dose is renewed by taking the mask off the face and pouring the mixture on the sponge from time to time. I always smell the mask myself, too, from time to time, and this is a good guide when you are used to the administration, of gauging when more is required. The advantage of Silk's mask is economy of anesthetic and saving the patient's face from being burned by excess of anesthetic, which occurs if an open mask be used, and the fact that by its means you can obtain the deepest degree of anesthesia required, which you cannot obtain if you used an open mask, and which often accounts for anesthetists being unable to get their patients under with A.C.E.

In about five minutes the patient will be well anesthetized by the A.C.E., and will present the following signs:—(1) Slightly flushed face, with pupils slightly more dilated than with chloroform. This is due to the ether. The conjunctival reflex is sluggish or absent, the pupillary reflex present. The conjunctivæ may be slightly suffused and watery, as with ether. (2) The pulse is full and regular. (3) The respirations are deep, often softly snoring. The chest and abdomen are seen to move freely, owing to the deep breaths taken, and there is no difficulty in watching, therefore, the respiratory movements. The breathing, also, apart from the snoring, is quite audible, and is a most comforting sound. There may be slight salivation and a few mucous râles may be audible with the respiration, but this is never troublesome, if a free airway be maintained. Often, too, it means, as with ether, that

you are giving too concentrated a vapor, and the patient is asking for more air in consequence. An expiratory phonation with quiet and shallow breathing and contracted pupils means too light an anesthesia. The other signs are as for chloroform anesthesia, for this anesthesia is, be it remembered, a chloroform anesthesia with an ether stimulation. The dosage of the mixture varies with the patient and the room temperature, but as the operation proceeds less and less is required, and abundance of air can be given.

With the administration of A.C.E. properly carried out there is a minimum of danger. If you give small quantities and renew your dose frequently you will obtain the best results, but if you swamp your inhaler with fluid, or if you give it from any bag inhaler, such as Ormsby's or Clover's, you simply invite a disastrous result. Fatalities, of course, do occur, but remember, A.C.E. is often chosen as the safest anesthetic for a weakly or exhausted patient, where any general anesthetic might readily have produced a similar result.

With this brief review of the salient features in the administration of A.C.E., let us look now at the A.C.E.-ether sequence. It is hard to account for the excellent results obtainable by this sequence, but a little experience with it will, I am sure, amply fulfill all your expectations. Tall, muscular men, alcoholics, bloated individuals of either sex take this sequence well, when they would take gas and ether badly, and give endless trouble with chloroform or ether by themselves.

The technique of its use is as follows:—(1) Commence your administration by giving A.C.E. on an open mask. Use a few drops at first, and then gradually increase your dose till the covering of the mask is saturated. You may now proceed as in administration of A.C.E. alone by substituting a Silk's mask when the patient is getting drowsy and somnolent, but to avoid unnecessary apparatus I have abandoned this in using the sequence, and when I want to increase the strength of the A.C.E. vapor, I cover the mask with a towel, holding it several inches above the patient's face. This, with a little practice, can be done with the same hand with which you are holding the mask. As soon as the breathing is deep, audible and slightly stertorous, and evidences of tonic muscular contractions are shown, and perhaps the patient is muttering incoherently, apply an Ormsby's inhaler, having wrung

the sponge out of hot water, and applied half an ounce of ether. Always place the inhaler lightly on the face at first, and during an expiration, holding it slightly off the face for a breath or two. At first the breath may be held and one or two quick acts of swallowing made. In a second or so the patient will take a long breath and, making sure your bag is well filled by catching an expiration or two, apply the face piece closely, and in a few breaths your patient will breathe stertorously and pass rapidly—indeed the rapidity is at first surprising—into a deep and tranquil ether anesthesia. I find Ormsby's inhaler is more satisfactory than Clover's for inducing this anesthesia, though, of course, the latter can be used. You may maintain the anesthesia now by Ormsby's inhaler, or, on a hot day, I would advise changing to Clover's, after the operation has commenced, for purposes of economy of ether.

The great advantage of this sequence is that the patient is spared the sensation of experiencing the irritating effects of ether vapor. He is not conscious of the change to ether, and makes no struggle to get rid of the mask, as often occurs when ether is used to induce anesthesia from the start. A little experience is requisite to seize the correct opportunity for making the change to ether. If you make it too soon the patient experiences the ether vapor, and often struggles, whilst if you make it too late you will get too deep an anesthesia in a surprisingly short time. This sequence can be used in any case which you deem a suitable one for ether anesthesia.

In long operations a further extension of this sequence is of great value, and that is to afterwards change back to A.C.E. and then to chloroform, making the sequence thus A.C.E. ether A.C.E. chloroform. I make it a rule never to give ether for more than an hour at most, oftentimes for less. If you saturate a patient with ether continuously for a long time you run two risks. First, the blood becomes saturated with it, and the patient is exposed to the risks of severe post-anesthetic vomiting, and it may take days for the subject to rid himself of the odor and taste of ether. Moreover, many cases of ether bronchitis and pneumonia, which are not due to a dirty inhaler, are due to over-prolonged irritation of the pulmonary surfaces by ether vapor. Second, a weakly patient won't last as long under pure ether as you would expect, for

the preliminary stimulation of ether passes off after a time, and, in spite of fresh supplies of the vapor, the patient begins to lose ground—in fact, does not react any longer to the ether stimulus, and a degree of collapse proportionate to the previous stimulation becomes manifest. This is a highly dangerous state, and is the cause of many a patient being hurried off the operating table.

It is your object to avoid these risks by not continuing the administration of ether for too long a period, and by making a change first to A.C.E. to avoid the abrupt change to the depressant chloroform, and later on to chloroform, by which you will maintain a perfect degree of safe anesthesia, with the happiest result to the patient. In making those changes, see that your airways are clear and your patient not too deeply under, and give each of them sparingly at first, and with ample air supply.



Difficulties in Marrying.

BY R. VASHON ROGERS, ESQ.

Some people appear to think that in this great Republic anyone can get married if "Barkis is willing"; that the entrances into the matrimonial Paradise stand ever wide open; that no flaming sword of the law ever flashes to guard the gates; nay, they think the openings into wedded life are so great and numerous that one may stumble into it unknowingly and without desire.

Far different is the truth: the law oftentimes interposes its rough hand between lovers. This will appear to anyone who glances at the marriage laws now in force in the various States and Territories. He will find that in that land of liberty would-be benedicts and brides may have to consider the number of corpuscles coursing through the veins of the desired one, or weigh the brain of the longed for partner, and may be hampered or foiled in their choice by questions of color or nationality, of age, or wealth, or health.

A Missourian judge after due deliberation has declared that no provision of the constitution guarantees to a citizen the right to marry anyone who will wed him. (*State v. Jackson*, 80 Mo. 175; 50 Am. Rep. 499.)

Let us begin our survey in the East, where wise men are supposed to be.

In Maine no woman can celebrate matrimony

unless she is an ordained minister of the gospel, or licensed to preach by some association of ministers, religious seminary or ecclesiastical body and duly appointed and commissioned for that purpose by the governor of the State. In this State a marriage between a white person and a negro, or an Indian or mulatto, is void; nor are paupers permitted to enter the holy estate of matrimony (if in charge of the overseers of the town), notwithstanding the much read and much vaunted Declaration of such self-evident truths as "that all men are created equal, that they are endowed by their Creator with certain unalienable rights; that among these are life, liberty and the pursuit of happiness."

In Rhode Island people cannot be married in private, the law insists that some witness must be present to make a marriage legal; two in addition to the solemnizer. The other New England States do not require such publicity. The legislators of Rhode Island have never encouraged matrimony—like the other New England States have—by providing that illegitimate children may be legitimized by the marriage of their parents.

New Hampshire is the only one of the New England States sufficiently considerate of poverty and modesty to permit a man and woman to become husband and wife without the expense of banns or license or the performer's fee; in that Granite State two persons living together and acknowledging each other as man and wife and generally reputed as such for three years (or until the death of one of them) are thereafter deemed to be legally married. Yet New Hampshire does not permit free-trade in matrimony, but forbids first cousins to marry. No other New England State prohibits this, though all forbid such unions between aunts and nephews, or uncles and nieces.

In Connecticut a man could not marry his deceased brother's wife until 1816; but he may marry his mother-in-law or a woman her father-in-law. Just fancy this while a wild Apache to avoid meeting his mother-in-law will clamber down a precipice at the risk of his life; a native of New Britain would commit suicide did he accidentally speak of his wife's mother; and an Australian almost died of fright because the shadow of his mother-in-law fell upon his legs while he slept beneath a tree, and a Caffre woman is forbidden to pronounce, even mentally, her father-in-law's name, nor is she allowed

to use any word containing the emphatic syllable of his name. This privilege is not permitted in the other New England States; nor in any of them can one be legally united to a step-parent or step-child. Until some years after the beginning of the last century offenders against the law of prohibited degrees in this wooden nutmeg State were "set upon the gallows" and condemned to wear "the scarlet letter," that Hawthorne wrote so well about. In this "land of steady habits" a marriage attempted to be solemnized by an unauthorized person, whether the parties act in good faith or not, is void without decree.

In old days Mrs. Grundy said that people who were not quite sure that they would find matrimonial bonds easy enough to bear often left a way of escape by employing a sham parson; but no such trial marriages are allowed in Maine, Massachusetts, New Hampshire, Vermont, or Rhode Island, for in all these States the law says expressly that when a marriage has been solemnized by a person professing to be legally authorized, although not so authorized, its validity shall be unaffected by such want of authority, if it be valid in other respects and entered into by the parties, or one of them, in the belief that they were getting lawfully wedded. This is also the law in a great many of the Western States.

In Massachusetts until a few years ago one could be married by any Justice of the Peace; now the privilege is limited and no Justice can unite others in wedlock unless he also holds the office of City or Town Clerk, City Registrar, Clerk of a Court, or that of assistant in either case, or unless he has been specially designated by the governor. This State also insists that no one can perform such a ceremony unless he can read and write the English tongue. The monopoly thus granted to the language of a foreign nation may not be oppressive while the present *entente cordiale* continues, but suppose troublous days like those of 1776 come again; may not some red-hot members of Congress again submit "the resolution that the use of the English language be abolished"; and may not our brethren adopt the amendment of Roger Sherman "that we (the American citizens) compel the English to learn Greek, and keep their language for ourselves."

It has been decided in this State that an entry by a man in his diary, "Hand in hand through life we go and share each other's joy and woe,"

followed by cohabitation of the writer with the woman spoken of, will not afford conclusive presumption of marriage. (*Norcross v. Norcross*, 155 Mass. 425.)

In Virginia so long ago as 1780 an act was passed nominally for the purpose of "encouraging matrimony," and yet even at the present day a justice of the peace, as such, has no authority to marry; so too in West Virginia only the religious celebration by a clergyman, according to the usage of a society having no officiating minister, is valid; a lay ceremony is not recognized there by statute. In Maryland parsons still have a monopoly of the matrimonial business, as under the illiberal act of 1777. In Georgia colored ministers of the Gospel, or ministers of the Gospel of African descent, are only allowed to marry freedmen or freedwomen, or persons of African descent.

In all the Southern States (save those just mentioned), and in the Southwestern States and Territories, one seeking wedlock can have at his option either a religious or a civil celebration before a minister, or a judicial officer.

In Louisiana it is not even necessary for the minister or priest to be a citizen of the United States. Louisiana is strict enough to require marriage to be solemnized in the presence of at least three witnesses all of whom must be of full age; this age limit bears hardly upon bridesmaids.

Oklahoma and Porto Rico only require two adult competent witnesses. Twenty-one of these southern commonwealths and territories do not care whether any fourth person is present or not. However, in the case of Quaker weddings in Maryland the contracting parties must sign a certificate to the effect that they have agreed to take each other for husband and wife and this has to be attested by twelve persons present.

Marriages that would have been good under the old English common law are still valid in Florida.

By a Georgia law any persons of color living together as husband and wife on March 9, 1866, had to sustain that legal relation to each other, unless indeed the man had two or more reputed wives, or the woman more than one reputed husband; if either was so blessed then he or she had to choose one consort and had to be forthwith married. Severe penalties were inflicted in

case of refusal. In Georgia "marriage is encouraged by the law."

In Kentucky if a girl in her anxiety to marry does so without waiting until she is sixteen and has legal permission, the court may commit her estate to the care of a receiver to keep so long as the Court sees fit. So too, in West Virginia if the impulsive maiden marries under twelve years of age.

In Porto Rico collaterals by consanguinity may not marry within the fourth degree, unless the Court waives the impediment; first cousins may not marry in Arkansas, Arizona, Indian Territory, Louisiana, Oklahoma, or Missouri; Tennessee is the only State in this part of the Union where such good friends as aunts and nephews, uncles, and nieces are not forbidden to marry. Alabama and Mississippi still prohibit marriage with a step-father or a step-mother. Georgia, Kentucky, Maryland, South Carolina, Tennessee, Texas, both Virginias and the District of Columbia do likewise and, further, will not permit marriage with a father-in-law or a mother-in-law. In South Carolina, if the bride is under sixteen and the marriage is clandestine, the husband may be imprisoned for five years or fined.

Nearly all the States have rigorous laws to prevent miscegenation; some forbid such marriages to the third generation, others forbid marriage between a white person and an Indian, negro, mulatto, mestizo or half-breed. But here comes in the query, what is a negro? In Virginia the courts have held that if a man has one-fourth negro blood he is a negro, if one drop less than a fourth he is a white man; while in North Carolina a person with one-sixteenth of negro blood in his veins is a negro. Still other States use vulgar fractions to define their meanings and void marriages between a white person and another having one-eighth, or more, of negro, or Mongolian blood; surely to discover these miscolored blood-corpuscles one must be a Sir Hudibras, who,

by geometric scale,
Could take the size of pots of ale;
Resolve by lines and tangents, straight,
If bread or butter wanted weight.

Chinese and Mongolians are in Mississippi and Arizona tabooed almost as strongly as negroes for wedded mates of whites.

In Virginia, Alabama, Florida, Mississippi, and West Virginia approaching nuptials cannot be kept quiet even if the woman holds her tongue, because the license must be obtained in the county in which she lives; while in Kentucky unless she is of full age or has been led to the altar before, the license can only be obtained on her personal or written application. How trying this must be to the innate modesty of the sex.

In New York until the nineteenth century had vanished the State steadily maintained the validity of marriage entered into by simple agreement without any formal celebration. For instance it was enough for a man to put a ring on a girl's finger, saying "this is your wedding ring, we are married, I will live with you and take care of you all my life, as my wife," when the parties went and lived together.

But an end was put to these common law marriages. By the Act of April 11, 1901, ministers of religion, mayors, aldermen, judges, or justices of the peace must solemnize marriage (although Quakers and Indians may still marry as was their wont), and any parties if they prefer may marry by a written contract of marriage signed by both and at least two witnesses, stating the places of residence of the parties and the witnesses, and the date and place of marriage, and acknowledged by the parties and witnesses in the manner required for the acknowledgment of a conveyance of real estate to entitle the same to be recorded; such contract to be filed within six months in the office of the clerk of the town or city where the marriage was solemnized.

The legislators of Pennsylvania do not meddle much with matrimonial laws; not more than two or three alterations have been made in the Act of 1701—one made in 1885 expressly authorizes a Quaker man and woman to solemnize their own marriage. Now, as in 1701, the bride and groom taking each other by the hand, are permitted to plight their vows in the presence of at least twelve witnesses, one of whom must be a justice. How much more liberal this is than the English law as laid down in the Rev. Mr. Beamish's case by the House of Lords; or the law of the wee State of Delaware which by an Act of 1780 (which still governs), allows white people to be married only by ministers or preachers of the gospel duly ordained according

to the rites and ceremonies of their respective churches (making an exception only in favor of the mayor of Wilmington, who by act of 1874, is allowed to perform marriages); and this although the Marriage Act says "that sober, discreet and advised union in matrimony is the duty of every good citizen."

In nearly all the Western States those seeking to enter the matrimonial state can have at their option either a civil or a religious celebration. Some of them require witnesses; for instance South Dakota, like New York, is satisfied with one; but Alaska, Michigan, Montana, Minnesota, Idaho, Nebraska, Nevada, North Dakota, Oregon, Washington, Wisconsin and Wyoming, insist upon two.

Montana and South Dakota have still a peculiar provision for contract by declaration, which practically allows people to celebrate their own marriage and to do so clandestinely if they see fit. Consent alone (they hold) does not constitute marriage; but it is a marriage if the consent be followed by a solemnization or by a mutual assumption of marital rights, duties, and obligations; consent and subsequent consummation may be manifested in any form and may be proved as any other fact. If there is no solemnization then the parties must make a declaration showing names, ages, and evidence—the fact of the marriage and that it was not solemnized. This law was in force in California until 1895 and gave rise to the famous "contract marriages," of which the Sharon one was the most famous.

In Idaho and California neither party to a nuptial contract is bound by a promise made in ignorance of the other's want of personal chastity, and either is released therefrom by the unchaste conduct of the other, unless both parties participated therein.

In many of the Western States matrimony is defined to be a civil contract. In Kansas the age of consent for marriage is only fifteen for males and twelve for females; in Iowa, North Dakota and Utah it is sixteen for males, and in North Dakota thirteen for girls.

Because many of the Western States have not thought it necessary to continue the solemn farce of specifically interdicting wedlock with a grandparent or a grandchild, it does not follow by any means that such alliances can be made. Delaware, Iowa, Michigan, New Jersey, Penn-

sylvania, and Washington forbid marriage with a step-parent or a step-parent-in-law, and all the Middle and Western States expressly, or by implication, prohibit unions between aunts and nephews, uncles and nieces. Indiana, Ohio, Nevada, Washington, Illinois, Kansas, Wyoming, the Dakotas, Michigan, Pennsylvania, Oregon, and Colorado, forbid first cousins intermarrying. In Alaska marriages are prohibited within the fourth degree of the whole or the half blood.

The children of unions contracted between members of the Church of Jesus Christ of Latter-day Saints born on or before January 4th, 1896, were all made legitimate.

As in the South so in the West the legislators try to check miscegenation by statute, forbidding the marriage of whites with negroes, Mongolians or Indians; the acts vary in different places.

Delaware forbids the marriage of paupers under a penalty; Michigan enacts severe punishment pecuniary and otherwise upon those who marry when afflicted with certain venereal diseases. Minnesota and Kansas follow Connecticut in prohibiting the marriage of any one who is epileptic, feeble-minded, imbecile or afflicted with insanity, if the bride is under forty-five; but no attempts seem to be made to punish those citizens who evade these salutary laws by marrying outside their State. In many States the age for marriage is twenty-one in males and eighteen for females, but generally all that an uxorious schoolboy has to do to enable him to wed a schoolgirl friend is to induce her to lay aside her skipping rope for a while and fly with him across the border to a more complaisant State.

—Some few months since we noted how a man, whose wife was lying at a hospital following a severe operation, the husband having called each morning and being informed that she was improving, at last discovered that she was dead. Then he wanted to know if she had died of the "improvements." We append herewith a notice clipped from the Death Column of a metropolitan journal:

QUAYLE—Jack, son of P. P. Quayle, 45 Seelye-av., aged two years, from conclusions.

Funeral notice later.



The Medical Library

By O B SERVER

**Glimpses of the Ages,
or the "Superior" and
"Inferior" Races, so-called,
Discussed in the Light of Science and History.**

In his preface to the volume which he has recently published, Dr. Theophilus E. Samuel Scholes takes exception to the generally-accepted statement that the world is growing better as it grows older. He believes that, in its relationship to betterment, the movement of the world has hitherto been one of oscillation, and that at the present period of its history the pendulum is swinging backwards. The primary cause to which he attributes this retrograde vibration from a long period of admitted progressive development is lack of truth; and he prophesies that the ultimate consequence of this insincerity and untruthfulness will be a stupendous social upheaval, after which the pendulum will again swing forward in the direction of renewed sociological development. This is how Dr. Scholes musters his arguments to indicate the inevitable dangers of prevarication when indulged as a national vice:

"As speaking the truth, the whole truth, and nothing but the truth is the corrective of abuse, the prophylactic of wrongs, politics, by imposing upon religion and learning limitations in their utterance of truth, induces their passivity, and, inducing their passivity, promotes thereby that activity of evil whereof injustice, oppression, and armaments are the expression, and whereof war or revolution will be the corrective."

To prove his contentions, he guides us pleasantly and alluringly through all the æons of time, and gathers for us such facts from national, political, religious, and sociological history as lend strength to his plausible deductions and somewhat iconoclastic theories. He endeavors to establish an identity between the animal, vegetable, and mineral kingdoms, and, going a step further than Darwin, he claims for man an ascent, not through certain lower species of the animal kingdom only, but behind that, through the vegetable kingdom, and behind that again, from the inorganic world.

"These elements of inorganic matter which enter into the formation of organic life, and of which the earth's crust is composed, became under favorable conditions charged with life, and appeared as a mass of bioplasm. This mass then became the source, so to speak, of two divisions of life, of which the one widens into the vegetable kingdom; and the other, whose constituents are distinguished by the power of locomotion and sensation, broadens into the animal kingdom."

This view would compel the author to infer the doctrine of "spontaneous generation" in which he disbelieves, and he is therefore unable to accept the statement "that evolution accounts for, explains and demonstrates the plural origin of the races." He disagrees also with Darwin's proposition that high moral attainment is a result of high intellectual development, and calls upon history to verify his contradiction. The Roman people became, he says, degraded, extravagant, and immoral when they had achieved the pinnacle of their fame; other nations of antiquity who reached a high plane of intellectual development also declined in morals and became apathetic in matters of religion; and among all nations, whether ancient or modern, the inculcation of virtue has resulted from the individual efforts of the great teachers and prophets produced by them. Having satisfied himself that the evolution theory is a mistake, Dr. Scholes proceeds to discuss the colored and colorless races of mankind, and to investigate their relative capacities for advancement under civilizing influences. In his opinion the colorless races have not been always progressive, and, when in the barbaric state, presented no features to differentiate them from the colored races in general and from the African race in particular. He believes that the Egyptians were not of Indian, but of African, descent, that in fact they were originally negroes. An account is given in one chapter of a tribe of people dwelling in the Western Soudan, known as the Mandingoes, in order to demonstrate that heathen Africa as

known at the present day is not much different from heathen Europe as described by the civilized Romans; that, indeed, the advantage, so far as the spirit of progressiveness is concerned, is rather with Africa than with Europe. Dr. Scholes does not accept the view that racial development is influenced by food, soil, and climate. He regards inherited endowments as the primary cause of civilization, and he declares that these inherent national characteristics are quickened into the higher forms of activity called civilization either spontaneously or by a process of imitation under the impetus of two great primary causes—necessity and emulation. Originally, a comparatively small number of communities possessed the inborn power of spontaneous response to the promptings of necessity; whereas the large majority, being destitute of originaive power, were capable only of imitative efforts. The Egyptians and Phœnicians rose to early pre-eminence because they sprang from the former type; the Greeks, the Romans, the Teutons, and the Celts belonged to the latter type, and owed their ultimate greatness to an imitative response called forth by the evidences of superiority in others. According to this view modern civilization is no new creation, but “a continuity with its foundation deep down in the soil of antiquity.” First came Negro-Egyptians, who were the chief pioneers of European civilization, then the Greeks, following them the Romans, and finally modern Europe.

“Between the colored and colorless races there is no mental difference to support the arrogation of the term ‘superior’ to the one race and the application of that of ‘inferior’ to the other.”

Looking to the future, he predicts for the negro an important and leading part in the development of a new and more advanced civilization than any the world has yet dreamed of.

To those who are interested in questions of human evolution and sociological development, the speculations and specious deductions contained in the pages of “Glimpses of the Ages” will be attractive. In all questions of doctrine or theory, fresh interpretation is entitled to a respectful hearing, and Dr. Scholes has provided us with a hypothesis which, even if it gives rise to scepticism, will repay perusal and stimulate thought.

Dynamics of Living Matter.

Professor Loeb's book is an expansion of a series of lectures on experimental biology which

he delivered at Columbia University in 1902. The professor is most interesting when he is describing experimental methods and data, but his theories do not always carry conviction, and they lose more than they gain by the controversial manner in which they are often expressed. In discussing the Darwinian theory, he says:

“The limitation for newly-produced species is not the struggle for existence, but a faulty construction. The idea that mutation is working in a definite direction is a mere anthropomorphism, and, like all anthropomorphisms, is in contradiction with the facts.”

If Professor Loeb thinks this is the proper way for a scientist to criticise Darwin's work, we must confess that we cannot take him very seriously. The accusation that Darwin framed his conception of evolution after the image of man appears to us rather as an amusing variation of the popular prejudice which incriminates Darwin because he fashioned his conception of man after the image of a monkey. So long as Professor Loeb keeps to “the facts” he is interesting, but when he sneers at the “anthropomorphism” of Darwin, the “mysticism” of Pasteur, and the “prejudices” of all and sundry who have not seen their way to interpret all vital phenomena in the light of chemico-physical principles, he may, unintentionally, create a feeling of amusement, but he ceases to excite scientific interest.

Catarrhal Fevers

Commonly Called Colds:

their Causes, Consequences, Control, and Cure.

Dr. Prosser White presents the claims of the common cold for serious consideration as a specific infectious disease. After remarking that colds are a source of inconvenience if not danger to the strong, and are often followed by the severest consequences in the debilitated and weak, he lays stress upon their liability to form an active factor in overburdening an embarrassed heart by setting up the final catarrh in phthisis, or by multiplying the difficulties and distresses of the chronic invalid suffering from bronchitis and emphysema. Having in this way stated the claims of the disease for careful attention, Dr. White proceeds to describe the symptoms and to distinguish the common cold from true influenza, on the one hand, and from what he calls “pseudo-colds” on the other. In the latter category he includes a condition described by Harman, in which symp-

toms closely resembling those of hay-fever disappeared when the patient, whose eyes were found to be at fault, was fitted with suitable glasses. Throughout the book Dr. White emphasizes the high infectivity of the cold chill, he considers, has been overrated as a cause, and he stoutly denies that this factor *per se* can produce the disease. In support of this view he adduces the case of persons engaged in arctic expeditions and others leading an open-air life, who, though exposed to great changes of temperature, remained free from colds until they returned to civilization, when they at once contracted the disease.

Dr. White defines the common cold as a specific febrile rhinitis, and from his bacteriological observations he is inclined to attribute it to *B. coryzæ segmentosus* (Cautley), an organism which Dr. White has succeeded in recovering from 17 out of 21 cases. Including the results of Cautley, Gordon, and Benham, it would appear that this bacillus has now been obtained in a total of 50 out of 56 cases of common cold. The chief claim of Cautley's bacillus to be considered as an agent of the affection lies in its constant presence in the nasal mucus during the attack; but the claim can only be considered provisional because attempts to reproduce the disease with this bacillus have hitherto proved ineffectual. Dr. White describes how inoculation of the vaginal mucous membrane of guinea pigs, rabbits, and of a monkey with Cautley's bacillus was without effect. But inoculation of the nasal mucous membrane of a monkey with a mixed culture from a case of common cold was also without result.

As regards treatment, he relates the results of some tests of the value of various antiseptics for disinfecting a culture on serum of *B. coryzæ segmentosus*; but the results were small. Mention is made of the Biers method of producing passive congestion by wrapping a bandage round the neck—a method that, according to Clarence Wright, gives great relief in some cases of the common cold. As regards general treatment, Dr. Prosser White recommends the usual remedies—alcohol, belladonna, etc., in the acute stage. The principal method of combating the common cold, however, consists not so much in treatment as in prevention; and while he doubts the efficacy of chill *per se* for inducing a cold, he has no doubt at all about the responsibility of the polluted atmosphere of places of assembly, such as theatres and churches, for conveying the infection. He also lays stress upon the polluted atmosphere of bed-

rooms as a potent influence, notably in cases in which several persons occupy the same bedroom or even the same bed. He might also have noted the railway carriage as a place where the infection is readily acquired.

It will be seen from the above brief sketch that the book forms an attempt to summarize present evidence for considering the common cold as a specific infectious disease. Having done this to his own satisfaction, Dr. White proposes to dignify the common cold by the title of catarrhal fever. As we already have the term coryza, this new term appears to us to be unnecessary, especially if, as seems to be Dr. White's intention, the term is confined to the type of cold in which Cautley's bacillus is present; for there is reason to believe that other organisms may also be concerned in producing varieties of the common cold. For the present, therefore, it would seem better to use the term catarrhal fevers for the whole class of colds, and to withhold further subdivision until our knowledge of the pathology of these maladies has become more complete.

A Text-book of Diseases of Women.

Two things have been and are the bane of gynecology. One is, mistaking health for disease. According to Dr. Hirst, endometritis is the commonest of the diseases of women, "because it accompanies all the other diseases of the pelvic organs." The practical rule from this would seem to be in every case curette. We do not hesitate to say that an endometritis so common as this is unknown to morbid anatomists.

The other is the multiplication of operations without investigation of their after-results. At p. 300 we read that more than fifty different operations have been recommended for retroversion of the uterus. Shortening the round ligaments in the inguinal canal is recommended on the ground that "it is perfectly safe." We think that if Dr. Hirst would study the literature on this subject he would find reason for deleting this statement. Dr. Hirst has apparently no knowledge of the effect of simple dilatation of the cervix by bougies in dysmenorrhea, for he recommends forcible dilatation with a four-bladed dilator left in the uterus for twenty-four hours. This sort of thing used to be done many years ago, but by most physicians has long since been given up. As a guide how to operate this is a work of great value, but not as a guide when to operate.

TOPICS OF THE HOUR

A Monstrous Indecency.

Probationary marriage—cohabitation of the parties with a view to ultimate matrimony, which comprises the essential element of Mrs. Parsons' plan, although she insists on a preliminary ceremony—is not new. As a matter of fact it is primitive matrimony, resurrected. It was an ancient practice in Scotland, England, and Germany, and for a time had a footing in some sections of our own country—having to do now, thank goodness, only with weddings of the shotgun variety. It is wrong—and rotten—permissible only after all humanity shall have attained that ideal of mental and physical perfection for which we are striving, but which, dyemoid, we can never attain. There are too many trial marriages now under present conditions—too much common, cheap and thoughtless matrimony. To take from marriage the thought that the union is for life would of itself tend to its early annulment—and to preclude the possibility of children whose presence has brought final content and joy to many a hearthstone, would but add to the certainty of separation in countless cases. All flesh is weak—woman is uncertain and man a monster—and I for one don't believe in giving either more rope. I believe in divorce; but that divorce does not tend to promote twenty-minute and impotent matrimony such as Mrs. Parsons advises. She has perpetrated a monstrous indecency. Would she willingly stand for—or does she want—a dose of her own medicine, I wonder?—*Sagebrush Philosophy.*

♦ ♦

The Chironian's Rejoinder.

Did you see and read that series of "sassy" paragraphs, which the December *Chironian* is firing at the "kickers," who "kicked" against a certain sikological paper published in the November *Chironian*? Yes? Well, it's great. Note this one in especial which stands out four-square and unafraid:

"We admit that the article perhaps was better suited to some magazine of other nature, yet we cannot forget that we sat for a year in this institution and listened to lectures on *materia medica* (physiological) by a man whose whole soul and practice were governed by theories suggested in the above-mentioned article, and who *never lost an opportunity* to acquaint us with the fact. Was it very, very wrong for *him* to suggest a line of therapeutics entirely foreign

to the subject upon which he was supposed to lecture but in which he thoroughly believed?"

Ah, hah! the villainy you teach me, I will execute!

And chickens will come to roost.

We have been informed, and quite credibly so, that there is another *materia medica* Professor, who mingles his homeopathic teaching with Astrology—casting the horoscope on the face of the deep in addition to casting out disease.

Why can't the Professors of homeopathic *materia medica* stick to their native kraal? Is it because Homeopathy is so simple, that they are ashamed of it, and so ring in other isms and ologies to fill in the hour?

If Homeopathy were honestly and properly taught with an eye single to its glory—with no side lines on mechanical and prophylactic medicine—there would be no need to inject astrology, sikology, mesmerism, electricity, hypnotism and other personal fads and hobbies into the copy; and, what is more important still, there would be more homeopathic cures.

You are justified in your "sassiness," brethren of the *Chironian*.

Soc et tuum!

♦ ♦

The Personal Friend Letter.

Another form of tommy rot employed by the mining sharks and get-rich-quick concerns is the sending out to the hoped-for victims—especially the dough-faced, weak-minded, pin-headed doctors, of letters received from a friend who went down—not to Jericho or Halifax, would to gracious he had and been killed off—but to some hole in one of the slab sides of Mastin's eminent domain, i. e., Colorado, and had there seen in the aforesaid hole the most wonderful things: gold, silver, copper, precious stones, white marble, cobalt, rubber, tropical fruit, a veritable Schlaffenland, where roast-pig ran in the streets with fork thrust in ready to be caught and ett—and such other things as only Moses' spies could report. And because this paranoiac saw these things—and there are many inmates of establishments for the cure of the insane who see more grandly still;—and because further he *accidentally* writes of them to some broker or promoter firm in New York or Chicago, forthwith that private letter, or the series of them is processed and sent to every fool-bent doctor the country over, in the resolute hope that having read this "friend's" letter, the doctor-recipient will slip upstairs to the attic, not for Attic salt, but to get a handful of his hoarded and hard-

earned ducats out of that carefully hidden stocking, to send to these fakirs in New York or elsewhere, so that he, too, this fool-doctor, may be permitted to participate in the stock of this later Garden of Eden before the Treasury stock rises next Thursday night at 11 o'clock from five to seventy-five cents per share. It never seems to dawn upon these crafty promoters that even an ordinary wayfaring man, though he be glaucomic or gonorrhoeic, might have sense enough to know that this "friend" who went to the hole aforesaid was grubstaked both ways, and was as plain and paid for a liar from every viewpoint, as he was expected to be; also that he wasn't any more false than 99 per cent of the mining engineers' sworn-to statements, or the daily press full-page ads. Upon these latter the trusting investor is fed regularly, but no dividends are visible. And so the merry dance goes along until by some dirty deal the mine is declared useless, or it is abandoned, sold, or found to be unprofitable because the water supply gave out, or the vein of ore ran dead into a wall of stone—a condition which no engineer with a prevision short of Infinity could have foreseen or forecast.

Only a few days since we received from a Chicago financing firm a letter which had been especially dictated and diluted to agree with the state of richness of our blood and pocketbook, remarking initially that our name was given this firm of mining barkers by a former lady patient—name and residence given—because she believed, this lady did, that she was doing us an undoubted service in calling attention to this way of suddenly basking in wealth and prosperity. So these Chicago philanthropists at once concluded to be particeps criminis with the lady in this good work and offered us the opportunity of taking stock in a white marble company in Colorado, where the marble was to be seen and could be almost picked out of the hills with the naked fingers; it was so perfect that it really seemed squared and polished, and only waited our several hundred dollars to buy a new double-eccentric crane for extracting the marble and hoisting it upon a train of freight gondolas, waiting, as shown by a half-tone engraving, with red-inked cross at the special spot where our contribution would be applied.

Our lady patient of many years ago is not deserving of any thanks if she has sold our august name to this and other robber mining companies. She has doubtlessly done the same with every male friend of whom she could think, and perhaps also her bosom friends among the gentler sex, in the hope there might be found a few among the lot who would invest, when there would be a division of the dirty "swag." And the marble will continue in Colorado in virgin purity, squared, and ready for hoisting, unless some of these philanthropic gentlemen in Chicago will donate a piece sufficiently large to make a fair-sized headstone and tailboard for the pin-headed

doctor who was persuaded to take stock because a woman asked him. *Cherchez la femme!*

A woman who will remain silent for ten years after successful treatment, and then suddenly cross our horizon as a stool-pigeon for some despicable factory of thieves under what respectable guise so ever they may parade and keep out of jail, has laid off a good deal of her sex and may not complain if she is accorded the treatment of the class to which she has degraded and lowered herself.

♦ ♦

Tabes Dorsalis Cured with Alum. 200th.

The December number of the *Homœopathic Recorder* has a very fine article on aluminium by v. Boenninghausen, translated from the *All-Hom. Zeitung*, which deals with cures made in 1847 and thereabouts. In one case he describes the cure with this remedy in the 200 centesimal of a case of tabes dorsalis, that certainly partakes almost of the miraculous. The steps by which he reached aluminium are clearly depicted and make a fine study of drug selection. After reading this excellent study and others by this Old Master, with this 200 cent., and noting the care with which he proceeds, the time over which a dose of medicine is made to operate, and the vigilance exercised in watching the results—after reading and pondering these details—the query rises, first, have we any Boenninghausen prescribers to-day, and, second, if Boenninghausen lived with us to-day would he still pursue this same careful, studious, almost reverential plan of diagnosis and prescription? It is a lamentable fact, when viewed simply from the standpoint of medical ethics, that the young homeopath of this day has not the time to give to each case that may cross his linoleumed office floor, which the ancient worthies had. He is more pushed to see many patients per day, to give some time to operations, either in hospital or privately, to attend to obstetrics, urinalysis, etc., etc., besides lodge, church, and many social duties, so that to him it seems impossible to sit down with each case, and go through the books, remedy by remedy, symptom by symptom, until the proper simillimum is reached. The Mighty Dollar has much to do with the present-day doctor. He cannot live on a case or two a day, when the medicines are given and visits made at long intervals. Besides his patients would not long permit such 1847 tactics. The common people, in America at any rate, have been educated to expect something daily and oftener; a pain which continued longer than twenty-four hours, would inevitably dismiss a practitioner. Truly this is no argument when human life is at stake, argues the conscientious old-style homeopath; but, nevertheless, it is a most vital factor in present-day Homeopathy. Even if the Boenninghausen method of selecting

and applying the single highly potentized remedy were taught in our homeopathic colleges to-day, as it is not, except possibly in one, the present-day student and graduate would throw it down very soon after leaving school, for the far easier application of Eclectic medicine along Eclectic lines in the belief that it is modern Homeopathy. It is a sad commentary on our boasted progress in Homeopathy that we find such fine master work with a single remedy incapable of duplication in our day. To-day physical therapeutics would be the first resort, and as a second resort heavy appreciable medicines. We question whether there lives to-day a homeopath who would risk his reputation in a case of *tabes dorsalis* with *alum.* 200. Still Boenninghausen and Hahnemann were Homeopaths. And we too are Homeopaths more than 13,000 strong!

♦ ♦

*The Club Woman's Prayer.**

BY MRS. J. B. SMITH.

O, Lord, I come to Thee in prayer once more,
But pardon if I do not kneel before
Thy gracious presence, for my knees are sore
With so much walking. In my chair instead
I'll sit at ease and humbly bow my head.
I've labored in Thy vineyard, Thou dost know
I've sold ten tickets for the minstrel show;
I've called on fifteen strangers in our town,
Their contributions to our church put down;
I've baked a pot of beans for Wednesday's spree:
An old time supper it is going to be;
I've dressed three dolls, too, for our annual fair,
And made a cake which we must raffle there.
Now, with Thy boundless wisdom so sublime,
Thou knowest that these duties all take time.
I have no time to fight my spirit's foes;
I have no time to mend my husband's clothes.
My children roam the streets from morn till
night;

I have no time to teach them to do right.
But Thou, O Lord, considering all my cares,
Wilt count them righteous, also heed my prayers.
Bless the bean supper and the minstrel show,
And put it in the hearts of all to go.
Induce the visitors to patronize
The men who in our programme advertise;
Because I chased these merchants till they hid
Whene'er they saw me coming, yes they did!
Increase the contribution to our fair,
And bless the people who assemble there.
Bless Thou the grab bag and the gipsy tent,
The flower table and the cake that's sent;
May our Whist Club be to our service blest,
The dancing party gayer than the rest;
And when Thou hast bestowed these blessings
then

We pray that Thou wilt bless our souls. Amen.

—*The Medical Council.*

* Before the Woman's Club of Marshall, Minn.

Idealism and Sexuality.

During the past year a number of critiques have been printed having to do with the reality of the idealism of the sexes, and sexual ideality, with a tendency to investigate this idealism in general and sometimes to disparage it, or even to question the fact of the existence, explicit as well as implicit, of any such idealism, and in a few cases to deny the existence of both of such ideals and the idealism from them sprung. Of eight specific instances referred to in card references seven of the denials are made by women and only one by a man; in five instances the writers are graduates of coeducational universities, State Institutions all, these include the solitary man; in two the condition of coeducation is not mentioned and one woman, a graduate of Barnard, is by far the most emphatic and also the most logical in her reasoning. Indeed, so rigid is her analysis of the facts which she reviews that one feels that she is really dealing with experiences explicit and personal.

The criticisms made by this lady are specially apt if we judge them by our own feelings, and they present also this peculiarity, that they are the complement of the strictures made by the only man. He complains, and complains bitterly, that he has been disillusioned, refusing to be "glamoured" by his "fond desires" into accepting that which is offered to him as a substitute for his "appreciation of his imagination," he declares that the fault is not in him but in the coeducated woman. "How," he asks, "can I say to a woman, 'My mind craves your companionship, I long to have you always near me, to feel your dear presence and to find in you the inspiration for my best, my truest self,' how dare I speak to a woman thus, how ask her to be my life's companion, when I know that she has studied the same books which have been my guides, and that my words are no doubt recalling to her mind, as they no doubt would be to mine, those sentences discussing the sexual instinct as modified between the status of the Australian savage and the civilization represented by the Waldorf-Astoria, and a Straus Waltz vice a rock shelter and a corroboree?"

The woman writing also says, "How can we find faith to believe the extravagant words men utter when we know the source of the inspiration is shared, and perhaps possessed in even greater measure, by the apes in Bronx park cages?"

But the protest does not stop here by any means, one of the women says, "Our very literature is infected, man and woman, hero and heroine are alike without sexuality, the men might be the wooden Indians of the tobacco sellers and the women the waxen images used in windows. As these dolls are protected from the storm, so must we be from the fierce blast of truth which would sweep from us all conventions and we should see ourselves as we are, naked—but not ashamed."

Hot and passionate must be the soul which can thus express its wrath and angry grief when it becomes conscious of its misapprehension, but granting that this is the truth, why is it? Not once but one dozen times have women of the highest culture said to us, "Guy de Maupassant is needlessly filthy, but at least his characters have sexuality."

But yesterday a lady said to us, "Is Desdemona lacking in purity, is Juliet unchaste, yet each knows the craving of her love and is not ashamed? Can you imagine Juliet discoursing to Romeo of the ideal pleasure of the communion of their souls, or Portia saying to Bassanio, as does the heroine in a modern tale, 'Throw me a kiss, my love, let me feel my soul caressed.' " Oh, such love as that is as meaningless as such hate. For my part I want to feel, to touch, to taste, as Juliet does, even if I have Portia's mind and culture, it is not that I may love an ideal Bassanio, but the man, the man, the man. The man whose strength I feel, who grasps me, who makes me know he is my master; and by reason of his love for me, while I am worthy, he is my guardian angel, an Ithuriel to protect me, a Gabriel to bless me and my children." Such hot and passionate protest against the men and women of modern fiction is well deserved no doubt, and was it not the virility of the men in the "Prisoner of Zenda" which gave that story vogue quite as much as the delicious femininity of its heroine?

It may be that the writer forms too harsh a judgment, but he most truly thinks that so far as the expressions of thoughts and feelings are the gauge the whole difficulty finds explanation in the fact that the characters in modern fiction, the sort that is read and re-read until it attains the dignity of an official binding, might interchange their sexes and yet in no way interfere with the tale. The men are like to Bunthorne's opposite, they are simply duplicates of the female characters in other clothes, they wear trousers to distinguish them from the women.

If we read these stories we feel that the characters are "perverts" in every thought, word, and deed. One of the critics of modern literature suggests that the whole difficulty finds explanation in the fact that the larger part of the real fiction of to-day is written by women for women, and naturally the women are well drawn and the men are pictured from the imagination. This may or may not be true; but this we know, the pictures in the modern novel are simply caricatures when they attempt to describe "the ape-like mammal, called A MAN."—*Medical Examiner*.

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Fact or Fiction.

"I am sixty-one years old, have practiced thirty-eight years, and have delivered about twelve hundred women. I have never lost a woman in confinement. I have had all kinds of presentations,

hour-glass contraction, post-partum hemorrhage, and puerperal convulsions; but no placenta previa in my own cases. I have never had a perineum ruptured sufficiently to need repair; never a lacerated os, never a case followed by recto-vaginal or cysto-vaginal fistula. I have never had to call in consultation nor had assistance in a single case. I have delivered with instruments in difficult cases when there was no one present but myself and the woman, and when the woman was trying to turn somersaults."

This little cutting is from *The Medical World* of a recent date. Our only comment upon this marvelous extravaganza is that The Lord Loveth a Cheerful Liar.

♦ ♦

"Medical Practitioner" or "Doctor" ?

Byron sang, "I want a hero—an uncommon want." We want something much less uncommon—that is, a single word that shall denote a person who practices medicine, without reference to any special department or province of the art of healing. All other nations have such a word. The Latin races have their "médecin" or their "medico"; the Germans their "Arzt"—a relic, we believe, of the title borne by high functionaries of imperial Rome; the Russians their "vratch"; the Swedes their "läkare"; the Danes and Norwegians their "læge." The last term reminds us of the old English word "leech," as to which Dr. Payne, in his FitzPatrick lectures, says: "It seems a pity that we have lost this useful word 'leech,' which survived through the Middle Ages (and, according to Archbishop Trench, much later in Ireland). At the present day we much need a collective expression for physician, surgeon, apothecary, doctor, medical man, all of them either partial or ambiguous in meaning; and in place of the seven syllables 'medical practitioner' it would be a great convenience to use the one syllable 'leech.'" It would certainly be a convenience, but we are inclined to think that the convenience would be too dearly purchased. To modern ears the term "leech" connotes only a blood-sucking creature which has medicinal uses, and its application to medical practitioners would simply invite every witling to devise fresh matter for laughter against our noble profession. This would soon come to be a serious addition to the dullness of a country on which the New Humor already weighs heavily. By what name, then, are we to be called?

"Medical man," or the snobbish variant, "medical gentleman," is not comprehensive enough for the present day, unless we apply the grammatical rule that the masculine embraces the female. It is probable, however, that this would be objected to by lady doctors. The same objection lies to "medico," which, besides, has a smack of vulgarity. "Surgeon" and "apothecary," both of

which were used by people in comparatively recent years to designate the general practitioner, are now obsolete in that sense.

If a lady in society were to speak of "using the potticary," no one would understand her; yet Mr. George Russell, who is still in vigorous middle life, says he is just old enough to remember a great-grandmother who used that expression when she meant sending for the doctor. Mr. Richard Grant White, in his book "Words and their Uses," sniffs disparagingly at "practitioner" as "an unlovely intruder which has slipped into the English language through the physician's gate." The fact appears to be that it is the lawyer's gate through which it has gained admission. It is formed from the old French "practicieu," which is defined by Cotgrave in his "Dictionary of the French and English Tongues" (1632) as "a practitioner, or practitioner in law, a pleader, etc." Another seventeenth century writer who says the word was originally "pragmatitioner," applies it exclusively to lawyers. If a phrase of old Bishop Latimer in his sermon on the Lord's Prayer, "Consider how long he [to wit, Satan] hath been a practitioner," be quoted in disproof there are many who would not accept this as a rebuttal.

A word of more correct formation would be "practicer," and for this we might quote the authority of Chaucer, who says of his "doctour of physik" that he was "a verray parfit practisour." But why should we not gracefully bow to the force of usage, and adopt the designation already given us by the voice of the people, which has been called the voice of God? We venture to think it is mere pedantry that finds fault with "doctor" as the English equivalent of "médecin." There is the highest authority for this use of the word. Falstaff asks his page, "What said the doctor to my water?" In the "Merry Wives of Windsor," mine host of the Garter Inn says: "Shall I lose my doctor? No; he gives me the potions and the motions." Dryden—whom we quote with regret on account of the rudeness of his speech—says, "So liv'd our sires ere doctors learned to kill." Defoe, in his "Voyage Round the World," says, "Our doctors themselves (so we call the surgeons at sea)." A word which was good enough for Shakspeare and Dryden is surely good enough for us, more particularly as it conveys an implied compliment that we are *par excellence* the depositaries of learning and the distributors of its fruits.

♦ ♦

Eddyism and Dowieism.

With the passage of centuries there does not seem to have been much change as regards the delight of the people to be swindled. Particularly is this the case in the matter of religious belief. Almost any old kind of claim can be made, and if the claimant advertise himself suffi-

ciently, or if his claim or scheme be sufficiently grotesque, he may be sure of a considerable if not immense following. From Peter the Hermit to "Elijah" Dowie and "Mother" Eddy there have been hundreds of these impostors, who have numbered their dupes by thousands and even millions, and whose so-called cult has withered and finally died with the decease of the leader. It is usually by the claiming of some supernatural power, or that he is the reincarnation of some beloved saint, that the "apostle" acquires his first following, and the millions of neurotics that have constantly peopled this earth have furnished a fruitful field for the "prophets" to exercise their peculiar talents. In olden times, quests of various kinds and personal glory seem to have been the incentive; but in the present day of scramble for the almighty dollar greed seems to be the only motive, and the millions of dollars that these worthies seem to have at their command would be a laughable commentary on the credulity of the race were it not so pathetic. Many of the prophets are the victims of their own claims, like the story of the fisherman who lied about his exploits so much that he soon came to believe them himself—but only to the extent of belief in themselves, not to the extent of the disgorging of their easily acquired wealth. The rank and file are expected to contribute their tithes and "to throw high their lusty caps in air at the sight of that great tyrant," and, what's more, they do it. Modern conditions produce modern methods, and the appointment by the high priest of subordinates was inevitable. Here as in all politics, trouble immediately began. The subordinates viewed the farce from behind the scenes, saw the "thimble-rigging" of the performance, soon understood that the prophet was mortal like themselves, "viewed with alarm" the accumulation of vast sums of money by their leader, and sought by plot and intrigue to undermine his power. Napoleon had his Wellington, and so, in less degree, Lige Dowie his Voliva, and the poor old common people are slowly awakening to the fact that they have been duped as usual, while the nation views the whole disgusting affair with unhallowed glee.

Dowie, while on the witness stand at Chicago recently, strongly declared that he was Elijah. This delusion, if it were such on his part, has no doubt caused him to play his rôle in a most natural manner. If his perverted mind were not laboring under a delusion, then he is just an extraordinary fakir and perjurer. Yet it is a pitiable sight to see thousands parting with their little all at his order. Specialists in nervous diseases have time and again called attention to Dowie's condition of delusional insanity, yet the innocent lambs have, with their proverbial blindness, calmly marched to the slaughter.

Mrs. Eddy, who has been facetiously styled "the Lydia Pinkham of the soul,"* is the latest

* *American Medicine*, July.

of the religious curists to occupy the center of the stage. The followers of this woman are many, while the fortune which she has accumulated by her various methods is estimated at many millions of dollars. Yet neither she nor any other prophet or prophetess has ever been able to stay the hand of time. The ravages of age are showing in this erstwhile head of the Christian Scientists, and her followers see that, like Dowie and the others whom they have been warned to distrust, she is but mortal. Already the elect are wondering what is to become of the accumulated millions.

With the death of the self-styled leaders of these two notorious cults, there will be gradual downfall. Something else will spring up to attract the attention of the increasingly large band of neurotics; they will embrace its tenets and be happy. Such has been the history of these movements from the most ancient times.



Samuel Wilks on Old Age.

No man now living is better fitted to write a modern "imitation" of Cicero's "De Senectute" than Samuel Wilks, who in his own person affords so admirable an example of an old age in which the mental faculties show no trace of senile decay, the interest in the movement of human thought and activity is ever fresh, and the outlook on life is genial though disillusioned. In a paper contributed some time ago, he discourses on the changes and infirmities of mind and body which old age brings with it, a sympathetic appreciation of all that is so sadly symbolized by "the sear and yellow leaf," but with a delightfully humorous sense of the amusing ways in which these changes often manifest themselves. Wilks, knowing that most men have no consciousness that cruel age is gradually clawing them in its clutch, determined to be on his guard against this painful self-deception. With the example of many victims of senile vanity before him, he determined to act in accordance with his years instead of asking himself what capabilities of work were still in him.

He agrees with Professor Osler's famous pronouncement, "if taken in its true signification," which he explains as being that "all the activities of our nature which characterize every man's life cease at a comparatively early age, meaning middle age, and therefore regarding these alone we might be blotted out."

Discussing the influence of age in ordinary life as illustrated in the three learned professions, he says that although a parson often continues to discharge the routine duties of his cure in advanced age, such work entails little more mental labor than is required to set the automatic machine going. Similarly, an aged judge can sum up a case and deliver judgment, but could prob-

ably not lay down the law in a novel or difficult case in a manner that would make his decision a guiding precedent. Naturally Wilks's most telling examples are taken from his own profession, and he takes occasion to point out the absurdity of appointing a physician or surgeon who retires from hospital work to the office of consultant, considering that in a year's time he is much less fitted to give an opinion and make a diagnosis than he was when he left the wards. But is not the consulting physician or surgeon so called on the *lucus a non lucendo* principle, because he is never consulted? From the failure of memory for recent events while things belonging to the remote past are remembered, which is one of the characters of age, Wilks draws a somewhat melancholy moral. The memories formed in early life become, he says, highly colored in age. When a man's early work has won commendation, the pleasurable impression is not easily effaced from the mind; therefore when he is getting old he hugs the firstfruits of his invention fondly to him, and thinks that nothing like them has been produced since. "It has," says Wilks, "been to me a lamentable spectacle to see men venerated in our profession republishing their works of a past generation in order to show that nothing has since surpassed them. Their republication has been an expensive luxury to the author, but an exhibition of failing weakness to his friends."

Coming to practical teaching, Wilks agrees, with other authorities, that we must continue to use our brains if we wish to keep them in good working order. Use brings blood to the brain, and so its nutrition is kept up and its healthy state is retained. Hence occupation may be considered as one of the necessary conditions of long life. In regard to diet, he thinks it a great mistake to enforce the eating of the customary variety of food or to recommend wine as a remedy for the infirmities of age. Wilks has often seen this done by medical practitioners with a feeling of wonder at their want of wisdom and ordinary sagacity. To be sure, Cornaro took wine; but, then, ordinary Italian wine is almost guiltless of alcohol.

As to sleep, Wilks is inclined to hold that too much of it is harmful. But what is too much? Or how much is needed? Before the question can be answered, we must have some means of determining exactly what amount of sleep the average man requires. It would be well, too, to know more than we do about the real nature of sleep; but if we are to believe Sir Samuel Wilks, our ignorance on this point is not without a compensating convenience. "So obscure," says he, "is the meaning of the word 'sleep,' that the kind of night which the patient has passed does admirable duty for all bulletins the object of which is to keep the public in ignorance of the nature of the patient's complaint."

Poisoning by Sodium Arsenite.

The recent case in which, over a period of four weeks, a servant administered sodium arsenite in the form of "weed killer" to the family with whom she was living, raises in a definite form several points of interest. It was pretty conclusively proved at the trial that there was no desire on the part of the girl to kill any one or even to cause serious injury, the striking feature of the case from the mental side being the inadequacy of the motive and the absence of strong feeling of any sort on her part. Dr. Hoar, who had the girl under observation, found her to be morose and sullen, but, with regard to her crime, only interested in it as an experiment; he discovered no delusions, and gave it as his opinion that it was a case of moral, but not of legal, insanity. Dr. Griffiths, on the other hand, considered her to be insane. Mr. Justice Grantham, before whom the case was tried, decided that she was quite sane, and, of course, the legal and not the medical opinion determined the nature of the sentence.

In the interests of the general public, however, there is no doubt that there is distinct danger in leaving a person at large who is so incapable of understanding the nature of a crime that she administers, not once, but repeatedly, a strong poison, and afterwards can give no better excuse for having done so than that her mistress wanted her to go to church, or that she had not spoken to her for three days, and further, who, when the results of her action are pointed out to her, evinces only a mild curiosity in them, professing to look upon the whole affair as a somewhat interesting experiment. Such a mental state surely demands, on the one hand, treatment in an asylum rather than in a prison; whilst, on the other, the determination, of when such a person should be again allowed her liberty, should depend upon the condition of her mind at the time, and not upon the arbitrary termination of a three years' sentence. The judicial point of view in this case apparently was that there was a lack of self-control on the part of the prisoner, and that therefore punishment was indicated as a deterrent to further wrong-doing when she came out of prison. The inevitable medical conclusion from the evidence, however, appears to be that the girl was mentally incapable of appreciating the seriousness of the results likely to accrue from her actions either to her victims or to herself, that she was incapable of understanding the nature of her crime, and was in fact insane.

The chief point of interest from the clinical side was that owing to the greater solubility of sodium arsenite than of the ordinary white arsenic the amount of arsenic dissolved in the milk, tea, or soup in which it was given was probably considerable, and its solution complete, with the result that almost immediate and effective emesis occurred on each occasion on which the poison

was taken. Consequently there was not as much purging as would have occurred had the arsenic been in the common form. For the same reason recovery was rapid in the intervals during which no poison was being taken, and the depressing effects were not very marked. At the same time the quantity of arsenic absorbed must have been relatively small, as it was only towards the end of the fourth week that the classical symptoms of chronic arsenical poisoning developed.

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Trial by Jury.

Trial by jury in civil actions still lags superfluous on the legal stage. An entirely amazing, if it were not partly amusing, verdict was arrived at recently in an action for damages brought against a medical practitioner.

A lady consulted a surgeon in a provincial town of New South Wales, who advised an operation. The operation indicated was duly performed at a private hospital, in which the surgeon had neither pecuniary nor controlling interest. It was admitted in evidence that the operation was necessary—that it was skillfully performed—and that it was successful. During its performance, however, the patient collapsed, and, among other means to restore animation, hot water bottles were applied to the extremities. Unfortunately, the patient's feet were burned (an accident not altogether unknown to most operating surgeons), and this formed the main ground of action. It was not shown that the operator had directed this application, and expert evidence of the highest order was called to the effect that though the over-stimulation had proved locally distressing, its general value had probably been the main factor in saving the patient's life at the moment of peril. The jury awarded the plaintiff \$250 damages, but added a rider that no reflection, professional or otherwise, attached to the surgeon in question! On appeal, the higher Court has allowed a motion calling on the plaintiff to show cause why this verdict should not be upset.

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Drug Proving.

[The following undoubtedly genuine communication came to us in a sealed envelope, but without a word of explanation. Presumably it has reference to an Institute transaction. As we happen to know that its subject matter is true, we publish it in its entirety and gladly.]

C. G. Fellows, Chairman, read the report of committee of the society on drug proving.

Your committee appointed to take action upon the final report and publication of our drug

proving by its director, Dr. Howard P. Bellows, submit the following:

Resolved, That the work of drug proving which Dr. Howard P. Bellows has for six years been directing is of paramount importance.

That his work has been of such an incessant and laborious character as to demand more than passing notice.

That it is bound to last forever, and must profoundly affect the whole science of medicine.

That the thanks and appreciation of this society are hereby extended to Dr. Howard P. Bellows for his self-sacrificing, original, and pains-taking care of the work done for and in the name of the O., O., and L. Society.

That these resolutions be spread upon the minutes and sent to the homeopathic journals for publication.

C. GURNEE FELLOWS.
HERBERT D. SCHENCK,
R. S. COPELAND.

On motion of W. R. King the above resolution was adopted unanimously by a rising vote.

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The Fence.

The fence it runs around the yard;

It has a swinging gait;

All day, all night, it stands on guard—

Such is the picket's fate.

A better servant it than most;

The fence it never leaves its post.

—*Saturday Evening Post.*

Globules.

—"When a strange man came to them and said: 'Thy God shall be my God,' these simple people were much alarmed (for their money was their god) and wondered whether his graft was lightning rods or art histories of the world in twelve volumes."—*Life.*

—We have received and hereby acknowledge the receipt of P. Blakiston's Son & Co.'s annual "Physicians' Visiting List" for 1907. It requires no further write-up. Every physician is acquainted with its virtues and values.

—"A strong primipara, happy in sense of freedom from ailments during pregnancy, required two hours' attention of a doctor and a nurse to resuscitate her from the effects of chloroform used during parturition, and further required several months to regain a semblance of the usual strength. Her well-formed beautiful infant died on the tenth day, after many spasms, from intestinal congestion, effects of 'cold,' according

to the doctor who treated it with repeated doses of whisky or brandy."—Julia C. Loose in *The Critique.*

Argal, never use chloroform in parturition. Sir?

—So she was a dentist, was she? Well, well, do tell. And he knew this right along, and had cut both eye and wisdom teeth, too? *Mais oui*—some people have the courage sublime. Still, yet, why not? It isn't the foist time a handsome woman, rosy-lipped, clear-eyed, and professional has walked off with a good-looking, middle-aged man, wart on his chin though he had. Here's lookin' at 'em through a small partly filled glass dimly!

—Dr. J. R. McCleary of Cincinnati, has opened offices in the Groton Building, corner Seventh and Race, with specialty of Eye, Ear, Nose, and Throat, Exclusively.

—A sample magazine reached our table entitled "Health." We had seen a number of references to this magazine and several extracts, and were led to believe that it must be an exception to the usual run of this class of literature. But on opening it—indeed a scrutiny of its title page declared that it had benevolently assimilated "Medical Talk" and "Vim" so we were not unduly surprised on opening the magazine to find that the same stock-in-trade advertisements that made Medical Talk such a burlesque upon "Medical" journalism filled most of "Health's" ad. pages, from Susannah Crow-oft's alleged beautiful figure to curing yourself without medicine. The handsome ex-editor of Medical Talk, who was formerly a minister of the gospel, and later, additionally to his Medical Talk editorship, also the alleged advertising promoter for Pe-ru-na, has his picter at the head of a department and from its chaste and handsome liniments there issues a blessedness and peacefulness which doubtlessly also pervades the articles appearing as from his pen. He appears, however, on closer scrutiny, in the rôle of selling combination tissue tablets that far out-Herod the homeopathic combination tablets issued in earlier days by some of our alleged homeopathic pharmacies. When the safe and sane Editor-in-Chief of a magazine, making large professions of existing only for the good of the dear drug-filled people, permits one of his chief contributors, with a name like a foreign nobleman, to attach as a title thereto as if earned in some of these German Universities, the letters R. S., and then later shows that they meant "Respiratory Specialist" it isn't a far cry to guess how the rest of the good intentions of the magazine will pan out. Really and truly, what is easier to edit than a Health journal? A good sharp pair of scissors, a heart-to-heart talk in the contributors' pages from some of the good-pay advertisers, a possible page or two of beauty receipts, and an impassioned editorial—the impassioned editor's picture at the top of the De-

partment—advising to eat nothing but food, to wear nothing but clothes, to go nowhere but out, and come nowhere but in—and, voilà! there you are. A health magazine without quack advertisements in this day of fads would be something to cure astigmatism. It would prove even more effective in restoring health and vitality and adding several inches to your height than some of Dr. Carr's Combination Tissue Tablets.

—Anshutz of the *Hom. Recorder* (December number, 1906) must have been in a merry mood when he permitted that original article "The Potencies do Act" to pass his blue pencil and shears and appear in print with all its vagaries and exuberance of *italics* and "quotes" in every sentence. And this Cheerful Contributor after descanting on the undoubted value of high potencies naively remarks how he cured an—"Irishman" (who was "drugged" with Queen Anne?) that had a "chill" while in my office. I gave the indicated remedies in the 30x and 200th (*ars.* 30x, *china* 200th, dose, three hours (alternate). Result, no more "chills." How a high potency practitioner could use alternation of remedies, or how he could prescribe either *ars.* 30x or *china* 200th, on the diagnosis "chills" might give color for writing another paper for the *Hom. Recorder*.

—Have you ever noticed that Trained Nurse in the Antiphlogistine advertisements, with her feet and knees braced and her autumn hair hanging down her "bock," pulling something off a recumbent patient, a something judging from the implied force and position of the nurse that might be a porous plaster rather than a layer of cotton and Antiphlogistine? And haven't you wondered what she was a doing of? Sometimes it looked to us like a catch-as-catch-can wrestling match between two Trained Nurses. We asked Dr. Baketel once upon a time what the rebus indicated, and he, too, gave it up, promising to have it advertised in The Ladies' Home Journal with rewards for early solutions. The latest from Baketel's Advertising Department is the Spatula vs. the Scapula. Now *that* talks; it tells at a glance what Antiphlogistine will do—which is everything a good and progressive doctor asks for it in colds, inflammations, bronchitis, pleurisy, pneumonia, etc. Anshutz of the *Homeopathic Recorder* ought to exchange his Fighting Nurse ad for the more peaceful Spatula ad.

—In *Progress* for December, editorially, we find the announcement of the marriage of Dr. David A. Strickler, Editor-in-Chief of *Progress*, and Dr. Mary R. Bradner, presumably of Denver. We tender our heartiest congratulations to our editorial brother and his bride, and indulge the hope that this medical partnership will be the grand exception to the rule that medical partnerships are extremely tenuous and ephemeral. We have not the pleasure of an acquaintance with "Dr. Mary," as we make no doubt her many patients and intimate friends call her, and as they

affectionately call Dr. Florence Ward of 'Frisco "Dr. Florence"—but we believe that she will ably take her place behind the family tea urn, and bring happiness, long life, harmony, and peace to our beloved brother-editor and long-time friend. [In this connection we would suggest to Brer. Ambrose that his proofreader be given a lemon—where it will do him the most physical damage, and then some,—or else that a new and unexpurgated copy of Hiawatha be added to Ambrose's literary and editorial armamentarium.]

—The Homeopathic Hospital question in Cleveland seems no nearer solution that it was several months since. It has become recognized that the present Homeopathic Hospital has outgrown its dimensions as well as its locality. In casting about for a new site and the necessary finances for building and equipping the new hospital there has arisen the question of dropping the word "Homeopathic" out of the title, although in the new government it is promised that homeopathy would be given representation—how much, would probably depend upon the generosity of the allopaths. The apparent reason for this desired deletion is the hope to get better subscriptions, and, later, endowments, if the hospital was not wedded to a special form of creed or belief. This reason, we will frankly say, is *not* entertained, not for one holy minute, by any member of the College faculty or of the homeopathic profession: it seems to be the outgrowth of the laymen and laywomen in charge of the Hospital. As these laymen and women are appointed by the homeopathic profession it looks like an easy job to demand that they adhere to the tenets of that School which has put them in charge or—resign. It looks strangely like a betrayal of trust on the part of the laypeople to strike the hand which is feeding them bread. Of one thing these laypeople in especial and the homeopathic profession in general may be assured, that if Homeopathy is taken out of the new Homeopathic Hospital, there will not be a single hospital where a homeopathic patient may be taken and be sure of homeopathic treatment.

—Who in Sam Hill is this Dr. Oposon whose therapy is just now agitating the minds of the more progressive in the medical ranks? We have the Oposonic Therapy, the Oposonian Theory, Oposonianism, and many other homemade adjectives and nouns.

—Dr. F. E. Gladwin (male or otherwise?) of Philadelphia has on several occasions contributed some of his interesting *materia medica* papers to the homeopathic journals, his latest on *Plumbum* is to be found in the current *Critique*. Dr. Gladwin "families" his remedies—makes them take on male and female habiliments and characteristics—and shows up their virtues as well as their vagaries. It is most certainly a happy way of studying a remedy. It is almost like a story that is told; you can always re-tell the story though

you may not remember the exact verbiage. A writer of the originality of Dr. Gladwin ought to occupy a professorial chair; he would be a grateful change in place of the readers of dry and musty, moth-eaten manuscripts.

—In one of our contemporaneous journals we find a fine paper headed "A Case From Practice." A few lines of reading proved it to be a case of paronychia—felon. Now wouldn't it have been easier to have called it a "Case of Felon" instead of that shiftless, nondescript "A Case From Practice"? Where else could a case come from but from Practice? And what was the Editor doing when he permitted that absurd meaningless title to slip through his shears? That "Case from Practice" will loom up big and interesting in the annual Index.

—And now we learn that the great five dollar a year weekly, *American Medicine*, has become a one dollar a year monthly. This is the third of the high-toned weeklies to fall by the wayside. These are strenuous times in printing lines.

—The Glasgow Medical Journal contains the text of Professor Lindsay Steven's presidential address to the Glasgow Medico-Chirurgical Society. It is entitled Morgagni to Virchow: an Epoch in the History of Medicine. He says that up to the middle of the eighteenth century there was no scientific medicine. Morgagni, whose life extended from 1682 to 1771, was its creator. The physicians of his day were on the whole more concerned about the establishment of systems of theory and practice based on a priori principles, and the drawing up of systematic nosologies than about the application of Baconian methods to their studies. According to Baglivi one of the chief impediments to the progress of medicine was "the preposterous reading of books and the fatal itch of making systems." Morgagni's great work, *De sedibus et causis morborum per anatonem indagatis*, first saw the light at Venice in 1761, when the author was 69 years of age. The book, says Professor Lindsay Steven, differed from all that had preceded it mainly in this, that in it Morgagni set himself definitely to explain the symptoms manifested during life by the morbid changes which were shown to have taken place after death. What Vesalius and Harvey did for anatomy and physiology Morgagni did for pathology and practical medicine. His work gave the death blow to the great metaphysical medical systems of the eighteenth century, and started medicine on a new career.

—Says the *New Pacific Coast Journal of Homeopathy*:

"The address of Dr. Frank Kraft, the editor of the AMERICAN PHYSICIAN, has been changed from 57 Bell Avenue to 2055 Ninetieth Street, S. E., Cleveland, Ohio."

This is true, and yet we still live and have our

"beans" in the same place where we have lived and dined for fifteen years. The apparent contradiction lies in the fact that our city has changed the street names and numbers, and what was Bell Avenue formerly is now Ninetieth Street, East. Our intelligent postal service—which was averse to the changing—still has trouble to find the addresses, plain though they be as a pikestaff or a telephone pole to everybody else.

—The membership of the American Institute of Homeopathy must bear in mind that the last meeting—in conjunction with the International Homeopathic Congress—did not occur until September; this lateness, together with the great mass of matter to be printed, will necessarily delay the appearance of the printed Transactions. However, Dr. J. Richey Horner, the indefatigable and Acting Secretary, is pushing the printing, and it is safe to say that a handsome and instructive record will be produced. This excuse of itself would have been tenable had Dr. Horner been the Secretary de facto, and from the first; but the membership will please recall the peculiar circumstances under which he was appointed pro tem Secretary and make all proper allowances.

—If such of our homeopathic journals as have not received the list of officers and chairmen of the American Institute of Homeopathy, will apply to the Secretary, 2055 East Ninetieth Street, Cleveland, Ohio, the omission will be promptly rectified. The hope is entertained that each such journal will devote one page to the list as a standing advertisement—gratis—of the American Institute.

—Every effort is making, under the enthusiasm and ambition of President Hooker, to produce a parallel of the Atlantic City meeting in the Jamestown assembly, beginning June 17, 1907, for the American Institute. Let each member do his part. As we raise the standard of the Institute so we raise the standard of Homeopathy.

—With all Franklin's honors among his countrymen to-day, many of his services to his kind are not matters of common knowledge. Under title of "The Every-day Franklin," Rebecca Harding Davis has written for readers of *St. Nicholas*, of those human traits and homely deeds of Franklin which should be more generally known, how he started the first circulating library in the world, and founded the first public hospital in the United States; how he introduced the basket willow and the broom corn into this country, and something of his principles, principles which "could well be revived and used for our betterment to-day."

The American Physician.

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. A. L. CHATTERTON & CO., Publishers.

The American Physician

MARCH, 1907

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

OUR esteemed contemporary, the *New England Medical Gazette*, says that another death from cancer has occurred, caused apparently by long-continued exposure to the X-ray. This time the victim was a New York physician who had done much work in radio-therapy since its first introduction some years ago. If this finding of grave fault with the X-ray continues, pretty soon the X-ray machine will be relegated to the lumber room of medical and professional failures. It seems now to hold its fondest and most favorite place in ethical newspapers, where the common people see how wonderfully some paraffined pants attired attendant looks at your liver and lights through a ten cent football megaphone, at five dollars per, and gravely tells you how that he can see the urine dripping from the kidneys into the ureters, how he can view the valves of the heart churning and chugging up and down, and the cancer germs creeping and crawling, like unholy slimy things, over the whole extent of the receptaculum chylii.

* * *

TRULY the common people love a cheerful liar! And if you or any other reputable physician attempt a lucid but necessarily defamatory explanation a look of doubt and distrust climbs over the hearer's face and you require no X-ray machine to hear him say inwardly: "the Doctor is jealous of the man who wears white pants and has a thousand dollars' worth of electrical machinery in his handsomely furnished rooms." "*Que voulez-vous?*"

* * *

WE note with some curiosity, not unmingled with surprise, that the Editor of one of our homeopathic journals advertises a "Comparison of Homeopathic Colleges" which gives a very black eye to several homeopathic colleges—as to efficiency and general educational qualifications—elsewhere than in the city where this homeopathic journal is printed. We admit that as an advertising feature in a college catalogue, or even, let us say, as an editorial in the journal, such comparison might be deemed appropriate; but as a paid advertisement in a journal which is making large pretensions to metropolitan airs, ways and means, and no longer apronstringed to

a college for bread and advice, we question it very much.

* * *

THESE colleges so blacklisted are members in good standing of the Intercollegiate Committee of the American Institute of Homeopathy. And when one considers also the source from which this comparison was extracted, viz:—"Compiled from the Journal A. M. A., August 25, 1906," it looks decidedly peculiar and narrow.

* * *

IN this same connection it may not be amiss to quote from Chairman Dr. Korndorfer's report to the Institute on Medical Examining Boards, etc.:—

"Another fact to which your Committee must call attention is based upon experience gained through the work of our examining boards. This experience has brought to light an astonishing paucity of knowledge of the homeopathic materia medica and therapeutics. In the mechanical and laboratory departments students appear well informed but in the homeopathic theory and practice, including materia medica, such lamentable ignorance on the part of a large proportion of our graduates has been demonstrated that prompt correction is imperative. We fear that too little time is devoted to this important field of study. Taking the standard of the American Association of Medical Colleges for our guidance, we find but sixty hours given to materia medica, sixty hours to pharmacology, and ninety hours to therapeutics out of *four thousand* hours instruction: whereas anatomy receives four hundred and twenty, physiology three hundred, and chemistry and toxicology three hundred. Now, while we do not think these latter receive too much attention, we know that the former are being robbed of their due time and importance."

This is certainly a sharp and drastic arraignment of somebody, and somebody's college. Better look inwardly more assiduously than outwardly, especially when the latter process tends to injure some other college in our circle.

CHAMOMILLA.

BY M. E. DOUGLASS, M. D.,
Baltimore, Md.

Active Ingredients.—Chamomile contains a peculiar dark-blue or dark-green essential oil, the source of its activity.

Physiological Action.—By far the most important physiological effect of chamomile oil is its power to lower the reflex excitability. It has been demonstrated, by experiments upon frogs, that reflex excitability which has been artificially excited by strychnia or brucia can be calmed again by chamomile oil; or, rather, that an animal fortified with a dose of chamomile oil is not capable of being tetanized by a dose of strychnia which throws an unprotected frog of similar size into characteristic spasms.

Chamomilla acts primarily upon the nervous system, causing an intensely acute susceptibility to morbid impressions, and in the motor sphere, giving rise to general exhaustion and prostration. Through the nervous system it acts prominently upon the liver, and upon the digestive and respiratory mucous membranes, producing irritation, and giving rise to congestion, catarrh and other abnormal conditions to which these parts are especially liable.

The leading feature of chamomilla is its excessive sensitiveness to pain, accompanied usually by great peevishness and irritability, and the relief from motion.

Symptomatology.—The child becomes stiff, bends backward, stamps on the nurse's arm, screams and throws everything off. Convulsions in children, now one leg, now the other is moved up and down, grasping for something, mouth drawn back and forth, eyes staring. Tossing about with heat and redness of cheeks, confused talk and open eyes.

Stitches; jumping from place to place (puls.), worse knees and ankles, better on motion. *Pains seem intolerable.* Uneasiness; anxiety, agonizing tossing about, with tearing in abdomen. Faintness; and sickness, sinking about heart, sudden paralyzed feeling in legs, pain in all limbs as if beaten.

Therapa.—Rheumatism and rheumatoid pains, the pains make the patient wild and walk about in distress. Convulsions in children brought on by excitement, especially with one cheek red and the other pale, and hot sweat.

Symptomatology.—*Whining restlessness, the child wants this and that, but when given it he will not*

have it or pushes it away. Piteous moaning of a child because he cannot have what he wants. The child can only be quiet when carried on the arm. Moans on account of trifling, even imaginary insults; moans with heat of face. *Peevishness; about everything, with dyspnea; about pains;* on appearance of menses, with obstinacy even to quarreling. *Impatience;* everything goes too slowly. Intolerance of being spoken to or interrupted, worse after rising from sleep. Anxiety; with ineffectual urging to urinate, without much urine in bladder; and dissatisfaction with everything that she undertakes, irresolution, with flushes of heat in face and cool sweat in palms; with uneasiness. Excitement; and confusion. Joyless dullness of senses, with ineffectual desire to sleep. Waking stupefied slumber or inability to open eyes, quick expiration, tearing in forehead and nausea. Omission of words when writing or speaking. Exhaustion. At night it seems as if he heard voices of absent persons. Unconsciousness in a child, frequent changes in face, distortion of eyes, contraction of facial muscles, rattling in chest, cough, yawning and stretching.

The great indication for the use of cham. is to be found in the mental condition of the patient; children are extremely restless and impatient, they want to be petted constantly and carried about and they cry piteously if they cannot have everything they want; older people are peevish and impatient, extremely sensitive to pain, even the slightest twinge is intolerable, they are always complaining. It is not infrequently indicated in people who have been in the habit of taking opium, bromide of potash, etc. These mental symptoms will call for the drug in a great variety of neuralgias, painful diseases, hysterical symptoms, etc., even if indications other than the preceding are wanting; it, at least, changes the aspect of the case and makes it more amenable to treatment.

Under the rubric "*Head,*" many symptoms are recorded. Some of them are very characteristic, as:

Inclination to bend head backward. Pressure increasing and decreasing, worse half of forehead and in right temple, where there are stitches, which sometimes extend to occiput like electric sparks. Staggering, in morning on rising; in

attacks, with tendency to faint. Tearing in temple; extending outward, with sticking. Pressure as with a finger in temple. Wandering pain in temple, always worse at the beginning. Compression; forenoon.

In the vertex pressure; extending over forehead and temples, worse *directing attention to it*, and sudden stooping and mental exertion. Throbbing *in attacks in one half of brain*. Drawing pain.

Eyes swollen in morning and agglutinated, with purulent mucus. Pressure in orbital region, sensation as if ball were compressed from all sides and obscuration of vision.

Stitches in *ears*, worse stooping, with ill-humor about trifles; from tragus into meatus; in region of right tragus and spasmodic sensation; sometimes extending into auditory canal. Ringing and roaring in ears as from rushing of water.

Chamomilla is useful in earache, with soreness, swelling and heat, driving the patient frantic.

Irritation to sneeze, with crawling, dry heat, stopped sensation, feeling as if coryza would appear, also with pressure in forehead. Sensitiveness to all smells.

One cheek red in paroxysms. Lips crack and peel; crack in middle of lower lip. Stitches in jaw, extending into inner ear; in right jaw, extending into upper back teeth. Aching in teeth after eating and drinking; while eating; after warm food; in left upper after warm food; worse *after warm drink* (puls.), worse coffee; worse night, when *they drive one to the borders of distraction*; hot sweat on head. Drawing pain; after eating and drinking; in indefinite teeth, better eating, worse night, with feeling as if teeth were too long. Sensitiveness to touch; sensation of swelling of gums about some of the molars. Burrowing in some molars, with heaviness, *seeming intolerable and making him peevish*. Fullness and heaviness of first and second molars, with burrowing and boring in their roots and sensation as if the alveoli formed hard, tense swelling.

Tongue coated; yellow; dirty white; blisters on and beneath it, with stinging; dry. Salivation; of sweetish, metallic taste. Taste bitter, in morning; like rancid fat, to everything. Extremely valuable in the distress of teething children.

Pain; in left side of fauces on swallowing, redness of velum and pain in fauces on pressure under angle of jaw. Constriction of pharynx.

Eructations; of gas smelling like bad eggs. Nausea; after morning coffee, with attacks of suffocation. Pain beneath short ribs, impeding breathing, worse from coffee. Pressure in stomach after eating a little; as from a stone. Sticking in abdomen, as from flatulence, extending into middle of chest. Cutting rather than sticking, with salivation; cutting before menses, with drawing in thighs. Intermittent pain, with flatulence in hypochondria and stitches through chest.

Gripping-tearing in region of navel and lower down on sides, with pain in small of back as if broken. Chamomilla is useful in

Flatulent colic. Colic, especially after anger, with red cheeks and hot perspiration. Indigestion produced by anger.

Blind hemorrhoids; tendency to; bleeding. Itching pain in anus.

Diarrhea; nightly, with colic so that she must bend double; *hot, smelling like rotten eggs; green watery*; painless, consisting of feces and mucus; white, slimy, with colic.

Therapa.—Diarrhea, green, slimy, mucous; chopped, white and yellow mucus; often of changeable color; often undigested; often like chopped eggs and spinach; nearly always of foul odor, especially in children during teething or after taking cold; associated with colic, often with soreness of the anus.

Burning in neck of bladder when urinating.

Acrid, watery discharge from vagina after dinner; yellow biting leucorrhea. Drawing from anterior part of small of back, gripping and pinching in uterus, then discharge of large clots of blood. Dragging towards uterus like labor-pains, with frequent urging to urinate. Profuse discharge of clotted blood, with labor pains in uterus and tearing in veins of legs.

Therapa.—A very valuable remedy for uterine hemorrhages, the flow is irregular, dark and clotted; sometimes there is constant oozing of dark, foul blood, with occasional bright gushes (bell.). Membranous dysmenorrhea. Menstrual colic, especially the result of anger. Severe pains following labor, especially if they extend down thighs, with great nervous excitement. Threatening miscarriage from fits of anger. During labor the patient is intolerant of the pain, the os is rigid, and the pains extend into the thighs. Puerperal convulsions after anger, one cheek hot, the other pale. Suppression of milk from anger. Inflamed breasts.

Respiratory Organs.—Larynx raw; and scraping. Hoarseness; on account of tough mucus in larynx, which is only detached by violent hawking; catarrhal, of trachea, with dryness of eyelids. Trachea, whistling, wheezing and rattling when breathing; rawness in upper part; pressure, with irritation to cough.

Cough at night from irritation low in trachea; in a paroxysm at midnight, with which something seems to rise into throat, as if she would suffocate.

Therapy.—Catarrhal laryngitis, with hoarseness and rawness in larynx. Catarrhal croup in children, with suffocative attacks. Bronchitis, with free expectoration of mucus, especially in children. Irritable dry cough from tickling in larynx. Expectoration only occasionally. (All cough symptoms to be compared with puls.)

Bruised sensation in muscles of back and loins. Cracking of joints of extremities, more the lower, with bruised pain in joints. Pain in periosteum, with paralytic weakness. Soreness of all joints as if bruised and tired out, no power in hands and feet, though without ordinary weariness. Stiffness as if arm would go to sleep when grasping anything. Cramp in calves. Crawling in calves, with heaviness.

Red rash on cheeks. Skin edematous, unhealthy, injuries tend to suppurate. Burning and biting pains in an ulcer at night, with crawling and hyperesthesia to touch. Itching of sweating parts.

Sleepiness; during the day if he sits down, but inability to sleep if he lies down; while eating. Sleeplessness till two a. m. on account of painful weakness in limbs, heat and restlessness. Weeping and wailing. Starting up, crying out, tossing about and talking. Moaning. Sleeplessness in children.

Chilliness over whole body, with heat of face, *which comes out of eyes like fire*. Chill on anterior part of body. Chill in various parts, alternating with heat, at one time hands cold at another warm, at one time forearm at another upper arm cold, at another warm; at one time forehead cold and cheeks hot, etc. Cold limbs, with heat of face and eyes and hot breath. Shivering in cold air; if he uncovers; with internal heat. Shivering on posterior part of body, of arms, of thighs and of back, in paroxysms, with external and internal dry heat, worse forehead and face; in some parts, in face, then on arm, with and without external coldness; creeping over back and abdomen, alternating with heat.

Heat; in morning after coffee, with sweat, vomiting of bitter mucus, then bitter taste, weakness in head and nausea. Heat; even in lightly covered parts, those not covered almost cold; head and face; rushing over head and face; of face; six p. m.; after eating and drinking, with sweat; in cheeks in evening, with flying shivering. Burning in soles at night. Sweat on covered parts.

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A Case of Pemphigus Cured by Arsenicum.

BY J. GALLEY BLACKLEY, M. B.

Although pemphigus is by no means a common affection in this country, it is not so rare as to account for the paucity of recorded cases in our homeopathic literature. One reason for this no doubt lies in the fact that so large a proportion of chronic cases occur in the aged, and are almost invariably fatal; and few amongst us perceive the wisdom of advertising our failures. Cases of acute pemphigus (as distinct from the syphilitic form) occurring in young adults, although causing much suffering at the time, are usually followed by recovery. One such case successfully treated by merc. biniod. I have recorded elsewhere.*

The following case, occurring after middle life, but in a patient who looked distinctly older than her presumed age, may fairly be classed as neither acute nor chronic, although when the duration of the whole illness (eighteen months) is taken into account, it might almost be included in the latter category.

Eliza D.—, aged fifty-two, single, by occupation a trimming-maker, was admitted into Quin Ward on January 10, 1906, suffering from a bullous eruption. Past history of the case offered little that was remarkable. She had lost nearly all her teeth, and suffered at times from "indigestion and liver."

History of Present Illness.—In January, 1905, was laid up with several large "boils" in the groin, which discharged a thick yellowish fluid and bled a good deal; this gathering and discharging occurred more than once. At this time she usually felt cold, and the skin very tender, but there was no definite irritation of the skin generally. For two months before her admission, however, she had been much worse, owing to the appearance of a succession of "blood-

* Annals of British Homeopathic Society. Vol. ix. p. 142.

blisters" over the trunk, limbs, scalp, and face, and meanwhile she had been losing flesh steadily. The bowels had latterly been very constipated, the stools hard, lumpy, and very offensive. Had slept fairly well, and although usually a sufferer from cold extremities, she had of late felt very hot, and obliged to put her arms out of bed.

Condition on Admission.—This could only be described as "lamentable." The lower part of the back, left buttock, and left arm were covered with huge bullæ containing blood-stained fluid; some of these had broken down, showing a bright red base, and were evidently in a septic condition. On the back of the chest were one or two smaller bullæ containing clear, straw-colored fluid, and one a thick, yellow, semi-purulent liquid. On the forehead were several pale pink patches, evidently the remains of preceding bullæ, and over the left eyebrow was a small ulcer about the size of a split pea, the edges of which were sharply punched out; the upper eyelid on the same side was slightly swollen, and bleeding from ruptured vesicles. Here and there scales were present, and there was oozing of a small amount of glutinous discharge, which was not offensive; neither itching nor burning was present. The skin generally was slightly hot to touch, and there was scanty perspiration. Temperature under the tongue 100°. Tongue dry and furred, mouth sore and ulcerated, chest and abdomen normal in every way. Pulse poor.

January 11.—Temperature 101.2° (this temperature was exceeded only once, viz, on the 30th of the same month; for the first four weeks after admission the evening temperature rarely exceeded 100°, and after this, with the exception of a few slight evening rises, it was practically normal).

January 12.—Tr. rhus tox. lx $\mathfrak{m}$ ij 4tis horis was ordered, the raw places to be dusted with dermatol powder.

January 16.—No change, except that the patient was exceedingly apathetic, and the small extent of sound skin had a dusky look. Arsen. alb. 3x gr. ij 4tis horis was substituted for the rhus tox., and the patient was placed on a water-bed.

January 17.—Seems rather better. Pulse decidedly better in quality. The raw patches left by the broken-down blebs look cleaner. Several fresh bullæ have appeared, but they contain only clear fluid without blood, and are a little more irritating.

Stained films of blood taken from the finger were kindly examined by Dr. Watkins, and gave the following differential count of leucocytes:

Neutrophiles	8 per cent.
Lymphocytes (large)	3 "
do. (small)	19 "
Eosinophiles	70 "

Stained films taken at the same time from a blister showed that the cellular elements consisted almost entirely of eosinophile cells and a few lymphocytes.

Calcium chloride in 15-grain doses was given three times a day after meals, in addition to the arsenicum.

January 23.—Much better; pulse good, and she feels stronger. Some of the patches on the back are healing now that she has been placed on the water-bed, and one or two fresh blebs filled with blood-stained serum have made their appearance. Coagulation-time (taken with Wright's coagulometer) was found not to exceed 3 1-4 minutes. The calcium chloride was accordingly discontinued; the dose of arsen. 3x was increased to 5 grains, and quin. sulph. 1x gr. j was given alternately with it (the latter was, however, discontinued after a few days, and arsenicum alone given persistently for the next four weeks).

January 28.—Quality of pulse improving; regular and of medium tension; takes food well and sleeps excellently.

February 7.—General condition improving; ankles and face are still the worst parts of the skin, but they also are beginning to heal. Has a bulla on hard palate about the size of a horse bean.

February 14.—Very much better. No fresh vesicles anywhere except on the roof of the mouth. Pulse tension much improved.

February 20.—Discontinue arsen. R Tr. merc. cor. 3x $\mathfrak{m}$ ij ter die.

February 23.—Blood-count as follows:

Neutrophiles	59 per cent.
Lymphocytes	36 6 "
Eosinophiles	4.1 "

Merc. biniod. 3x gr. iij substituted for merc. cor.

March 5.—Coagulation time found to be 2 3-4 minutes. Patient manifestly better. All vesicles now heal beautifully. Taking food well.

March 16.—Still several small vesicles round the ankle. Discontinue merc. biniod. and revert to arsen. 3x gr. ij ter die.

March 31.—Coagulation-time 2 3-4 minutes.
Differential leucocyte count:

Neutrophiles	68.2 per cent.
Lymphocytes	30.1 "
Eosinophiles	1.7 "

April 5.—Skin is now clear of all vesicles, but is slightly pigmented where these have been. Still taking arsen. Eating well the ordinary "first diet" of the hospital. Has been up and about the ward for about three weeks now.

Discharged cured.

Since this date patient has presented herself three or four times in the out-patient department. She has remained fairly well, and has been able to resume her ordinary occupation. One or two very small vesicles have occasionally made their appearance; the last of these, seen at her visit on November 29 last, was of about the size of a hemp-seed. The patient had been taking the arsenicum off and on ever since her discharge, but as she complained of pain and tenderness over the median nerve in the right forearm, the arsenicum was discontinued and a placebo given in its place.

Remarks.

The remedy chosen in the treatment of the above case, and given almost persistently throughout, is the one which wide experience has shown to be, perhaps, the only one which can be really relied upon in the treatment of chronic pemphigus. The evidence of such writers as Hutchinson, Startin, Bulkley, and Budd is well known and almost conclusive. What is perhaps not so well known is that the remedy is genuinely homeopathic to the large complexus of symptoms met with in cases of pemphigus. Startin recorded a striking case of pemphigus of the hands following the use of $\text{m}\nu$ doses of liq. arsen. and of Donovan's solution taken steadily three times a day over a period of nearly six months. Beyond the eruption itself, the drug covers many of the symptoms met with in severe chronic cases—the rigors, fever, delirium, dark staining of the skin, increasing weakness, emaciation, and death.

As to the pathology of pemphigus we are still absolutely in the dark: even the significance of the very well-marked eosinophilia present in severe cases has yet to be grasped. All that can be said of it meanwhile, is that it is an important item in the matter of prognosis, as is well shown in the above tables of differential leucocyte counts.

"Our Wrongs"—A Response to a Toast.

BY W. B. SAWYER, M. D., RIVERSIDE, CAL.

There is perhaps no more deservedly unpopular citizen than the calamity howler. Yet he who is constantly prating of his wrongs and airing his grievances is quite apt to be one whose angle of vision is distorted. The doctor's wrongs are mostly fancied ones. In the profession pretty nearly everyone gets what is his just due of success or failure, and the profession as a whole suffers no great wrongs for which it is not fairly accountable. The annoyances of unjust criticism, the attribution of false motives, the pitiful invectives of unhappy charlatans, and the copying competition of the quack are annoyances only, and our grand old profession scorns to account itself as in any sense a sufferer from a great wrong.

But within the ranks there is one class which suffers indeed, whose wrongs cry out for redress, but are inflicted not by the unregenerate heathen of the public, but by its false friends in the profession itself. Now the surgeon has no wrongs. He can't complain. He does not need to know much, and aside from a superficial smattering of anatomy and some facility with the needle and the knife, all he does need is to keep his hands clean and get a reputation. His diagnosis is made for him either post-operative or post-mortem, and the nurse takes care of his patient and his mistakes. He pushes the button, Murphy or otherwise, and Nature does the rest, and, while he is a jolly good fellow he feels his oats, struts a little, and is the cavalier captain of the gang of bandits who prey on the humble bedside practitioner.

In his company is the whole posse of "ologists," specialists in everything imaginable and not to be imagined. Microscopists, pathologists, diagnosticians, bacteriologists, each intent in his own way in taking away from the home-made hack doctor his patients, his fame, his courage, and the humble tools of his trade. The normal clinician honestly and carefully without any pretense or nonsense, examines his patient as a God-fearing doctor ought to. He looks at his complexion and facial expression, critically examines his tongue, notices if it is red, brown, furred or tooth-marked; feels and notes his pulse; locates the region of his pain, palpates and percusses cavities, casually asks as to his excreta, and, without more ado, makes a proper diagnosis.

What more can any sick man want in this line? Why, bless me, but this is the very perfume of the efflorescence of crass ignorance. See how it should be done:

First comes the blood-ologist; punches a hole in the man's ear; extracts a drop of blood; counts the corpuscles, finds two kinds of blood plates, three forms of plasmodii—some with and others without tails—and several organisms which he cannot name specifically, but which he is sure are closely allied to some other organism of much the same form, but somewhat different in reaction when treated with the same or slightly dissimilar reagents, or the same reagent similarly maltreated. Having arrived at this conclusion, and a "five dollars, please," the blood sharp lets go, and some other fluid-ologist gets the patient.

He finds somewhere a bacillus or something which is positive or negative to a "Gram" stain, and before he can give a definite opinion he must culture it. So he cultivates it a day or so, in agar, potatoes and soup; calls in another friend, who recultivates the culture, measures the ultimate precipitate on a couple of guinea pigs, tests it on a cow, hands it back to the first, who thinks they are both rights, or both lefts, and the two solemnly report that it is not—though it ought to be—the *Bacillus Tremendous*, and also say "five dollars, please."

Then the scopist steps in. Adjusting an eye mirror at the proper angle, he levels in the proper direction and through the appropriate media, an auroscope, a gastroscope, an endoscope, a cystoscope and a rectoscope, looks long and carefully, and when he has fully made up his mind which of the internal surfaces looks the worst, he makes his report, and with it, a "five dollars, please."

Then comes an all-round special Detector. He straps onto the patient a "some-kind-of-a-mometer," and gets the blood pressure; has him blow a spirometer, tests his grip with a gripometer, gets his electric nerve recoil, and finally winds up his X-ray machine, pulls out the stop for playing on internal organs, and finally takes a photograph to add to the collection of physical evidences of the symptom complex, and with this all goes a "ten dollars, please."

Now when the evidence is all in, and the patient finds that he has "non-tubercular recurrent appendicitis," how can the home-made doctor, who only found spasmodic inflammation of the bowels, ever expect to gain his confidence again?

When it comes to treatment, the trouble is just as bad. Did you ever stop to think of the advice given as to treatment in modern text-books? They are pretty much all alike. After going very thoroughly into the diagnosis, symptomatology, etiology, and so on, the author in a few lines takes up seriatim the old established medicinal agents, and proceeds to "knock" them, and before he is through leaves you with practically the advice that you can do nothing, and that the case will die, anyway, "Unless suitable for surgical interference." So here comes Mr. Surgeon-General, armed cap-a-pie in apron, cap and gloves. He calmly removes, and proves thereby that they were entirely unnecessary, the appendix, colon, ileum, stomach, kidneys, gall-bladder, and in fact, every organ or part of an organ in the body, and if there is enough of the patient left when he gets through to cast a shadow he is cured. He operates for diagnosis, for pain, for fun and for money, and is the picturesque knight of our science who has cast into profound and lasting obscurity the old-time internist.

But the few patients left by the surgeon can't be allowed to get well in the hands of the general practitioner. Along comes the specialist and claims his share of the loot. Eye, ear, nose and throat cases are whisked off to be specialized by those having "not only a special preparation based upon a special training and European travel for exactly such cases, but having procured at great expense all the necessary implements and facilities." And what a marvelous collection of mechanical contraptions they can produce. Nebulizers, atomizers, batteries with all kinds of electrodes and other "dingbats," enough to fill the Old Curiosity Shop of Dickens.

The most wonderful of all of these is, of course, the X-ray machine, and when I explain to you what I fully believe will be its future usefulness and the scope of its application, judging from what I am told of its peculiarities now, you will agree with me that no so-called General Practitioner has any armamentarium left in comparison. I am credibly informed by some of my entirely reputable confrères, that, aside from bringing out to the eye through the fluoroscope, the contour of the bones and metallic foreign bodies lodged beneath the skin or in the cavities, that it cures lupus, produces great atrophic changes in various internal tumors, carcinomata, and sarcomata, relieves inflammation and produces sterility. Just at present these various

possibilities are a little mixed, and this most intelligent machine is not altogether under control—not quite gentled and bridle-wise, so to speak. For instance, while trying to use the sarcoma-Ray, which, of course, in its search for the giant or spindle cells carefully avoids all else in the path, the operator cannot always avoid inflammatory and sterility rays, and trouble ensues.

But when it shall have been entirely broken to harness and saddle here is what we shall have: The lady approaches the operator; she states that she has a little too much embonpoint; the doctor has nothing to offer but a system of diet, and this she cannot undergo. The operator wishes to know whether "she will have her reduction of flesh full or medium?" "Medium, if you please." The operator pushes in the proper stop, sets the switch at medium, turns on the current, and, behold! she reduces to the very nicety of comfortable plumpness. Perhaps the lady will wish to avoid the duties incident to an additional increase of her family. The proper combination is arranged on the machine, and presto! she is immune. The converse is now, we believe, likely also to be true, and the tender blessings of the family may soon be obtained to order, one, two, three, as requested. But I will go no further into particulars to prove that the house-to-house bedside practitioner is being driven to the wall, and is soon to find his occupation gone. I feel sure that soon the classification of the Profession will resolve itself into Surgeons, Specialists and Midwives.

But, Mr. Toastmaster, turning aside now from these mental wanderings, for myself I have no complaint. Next to my home I love best my Profession. From it, or any member of it, I have never received a wrong. It has fed and clothed me and mine for twenty-seven years. It has given me a higher meed of respect than any other calling could have done. It has shown me life in its broadest, highest and purest phases, and surrounded me with friends. Were I to live my life over again, I would choose to be no other than I am—a Doctor of Medicine.

—If a bubo shows no sign of disappearing under wet dressings, ice-bags, etc., and evidences of suppuration are developing, it is better to make a clean dissection and excise the gland without opening it than to incise and drain.

*The Value of Accurate Diagnosis in Homeopathic Prescribing.**

BY JOHN HENRY CLARKE, M. D.

The world of homeopathy and homeopathic ideas is something so widely different from the world of established State medicine that there is little ground for astonishment in the fact that allopaths fail to understand us, and in a general way condemn us for our virtues and applaud us for our faults. Nor is it astonishing either that we often ourselves get not a little mixed in our ideas. In point of fact, if we are not constantly on our guard, we are trying to think on two planes at once and coming to grief over words which are used in entirely different senses by different classes of writers.

Among the words which are a constant source of stumbling is the word "diagnosis." "Homeopaths," say our critics, "never give themselves the trouble of diagnosing a case; they only treat the symptoms." It is of no use trying to convince an allopath that this is altogether wrong, and I should never think of attempting the task. But I am under the impression that some homeopaths are rather influenced by the criticisms, and I think it may not be lost labor if I endeavor this evening to clear up this matter as far as I am able.

The criticism is of course founded on a certain amount of fact. There is diagnosis of disease, or nosological diagnosis; there is diagnosis of case, or individual diagnosis; and there is the obverse of this, remedy diagnosis. Now, the allopath knows only the first of these, whereas the homeopath has to concern himself with all three. In a general way it is the two last alone—the diagnosis of the individual and the diagnosis of the corresponding drug—which are concerned with the finding of the remedy. It is on this account that we are often astonished by cures made by amateur homeopaths. These good people are not troubled with all the lore we professionals require in order to arrive at a nosological diagnosis, and are, therefore, much more free to hunt up symptom correspondence in repertories and materia medicas. Still we ought not to be disconcerted by this; we have a good pull over amateurs in other ways, and, at times, as I shall presently show, the nosological diagnosis is a very material help in prescribing.

* Presented to the Section of Materia Medica and Therapeutics. Jour. of British Hom. Society.

But there is yet another diagnosis which homeopathic practitioners have to take into account, of comparatively small importance to allopaths, but of vast practical importance to us. I mean the diathetic diagnosis, or, as Hahnemann named it, the diagnosis of the chronic miasm.

As a result of his first years of homeopathic practice Hahnemann found that there was a lack of correspondence between some of his cases and the apparently homeopathic remedies. The remedies answered their indications and cured for a time, but the trouble returned in the same or another form. Hahnemann discovered that the reason of this was, that his correspondence was not perfect. There was an element in these cases which he had not matched in the remedies he had prescribed. This element, which he discovered, he named a "chronic miasm," and the three chronic miasms known to him were—psora, syphilis and sycosis. Each of these miasms was manifested by more or less definite symptoms, and when these symptoms were matched by remedies—and his later provings revealed which these remedies were—his cases were not merely relieved, but cured.

Now there is not one of these four varieties of diagnosis—the nosological, the individual, the diathetic and the remedial—which the homeopathic prescriber can afford to neglect.

A year or two ago I was asked to see an elderly lady suffering from a very evident attack of influenza. Under treatment the acute symptoms subsided within a short time. But there remained a condition of fever with very little else in the way of symptoms, except weakness, and all my efforts at prescribing on the meagre symptom-list failed to make any real improvement.

At last, one day, the patient complained of a little pain in the right foot. She had felt it a day or two before slightly, but being a very reticent person she had not thought it worth mentioning. On looking at the foot I found it red, swollen, shiny and very tender. The mystery was solved! I was dealing with a case of gout and did not know it, until it hit me—or I might say kicked me—in the eye. And yet I might have guessed it before. The patient was an extremely gouty lady and the influenza had stirred the gout into action. *Urtica urens* ϕ (which Dr. Burnett discovered to be the pathologic simillimum of acute manifestations of gout) rapidly

altered the state of affairs, and in twenty-four hours the fever had disappeared, and the foot had returned to nearly normal dimensions.

Is not this pathological prescribing? you will probably ask me. I answer, Yes, it is. And I answer further, when nosological diagnosis enables you to hit your pathologic simillimum, do it by all means and you will score every time. But do not forget that the pathologic simillimum is often just as hard to find as any other simillimum, and, further, do not forget that it is the simillimum you are in search of all the time, and not the name of the disease. Treating the names of diseases with the names of remedies is one thing, and treating a case with its pathologic simillimum is another. In our work we must always keep the correct homeopathic attitude. If we do that we shall find many different ways of striking the simillimum, and some of them will sometimes correspond with the remedy an allopath might prescribe. But that does not prove that the allopathic method is the better way, or as good. Even allopathy does make cures sometimes, but unless it plows with the homeopathic heifer, it cannot repeat the performance. You may treat fevers with antiphlogistics, cases of debility with tonics, of neuralgia with sedatives, but if you have nothing better than these names to guide you, your misses will be ninety-nine to one of your cures.

In May, 1904, I was written to about Mr. H. D., aged 53, a well-known citizen of a county town in Wales. The story was this: In 1902—this is about two years before I heard of him—he had influenza badly. This left him in a melancholic state, which lasted for months. This passed off and has not recurred. In August the following year (1903), he got wet through, whilst driving in pouring rain. Before the wetting, in the beginning of August, he had felt pain in the right foot. From the time of the wetting he had felt the foot getting more painful, and it kept him awake at night. At last the condition got so bad as to cripple him. Local help availed nothing, and he was brought to London and there he saw three well-known consultants, Dr. P. S., Dr. F., and Mr. B. in consultation. Dr. P. S. gave it as his opinion that the case was one of neuritis. Dr. F. diagnosed tumor of the spinal cord; and Mr. B., who concurred with Dr. F., took the case in hand. Mr. D. was first X-rayed, but the photograph showed no evidence of tumor. Surgery is not to be daunted by negative evidence

and so an operation was arranged. A puncture was made. Again with negative results. A week later more radical measures were adopted. The lumbo-dorsal spine was unroofed and the canal thoroughly explored; but as the missing tumor was missing still, there was nothing left to do but close up the wound. This was in January, 1904. As soon as he was well enough to bear the journey, Mr. D. was sent home to Wales with the diagnosis "Wasting of the spinal marrow," and was told that medicine and surgery could do no more for him.

After waiting for some months and bearing his sufferings as best he could, one of his sons wrote to me, and asked if I thought I could do anything for the patient. I said it was possible I might, and asked for full details. In answer to my queries I elicited that the patient had previously been a healthy man. He had had typhoid at the age of fifteen, had been twice vaccinated, once in infancy and once as a boy. His father was a healthy man and died from an accident. His mother had died, aged sixty-eight, from a tumor in the throat. The patient was the youngest of ten children, of whom three had died of convulsions, one of croup, the others being alive and well. The patient was liable to bronchial colds when the cold weather set in.

The apparent net result of the operation was that in addition to the pain and loss of power of the right foot the left foot had also become bad and quite as painful and helpless as the right.

When I was first consulted about the case the pain was of a shooting character, right through the soles of the feet up to the knees. After a bad bout of pain the feet became swollen and discolored. Right knee at times got swollen. Locomotor power of both feet was lost. Pain is worse after sitting up awhile. Is better in hot weather. Damp has no effect. When the pain is most intense the urine is reddish.

Such, gentlemen, was the puzzle set me; the question now was how to solve it. In attacking a case of this kind we have to make up our minds on which line of similarity to open the attack. There were several possible ones. For instance, there was the trauma of the operation, it had clearly affected the situation and might be taken as the causal simile for the first prescription. There was, again the exact similarity of symptoms, which we may call the classical similarity. This I adopted later with very great success; but a good deal depends on the start in a case of

this kind, and there were other points to consider. We had here a case of pain and paralysis affecting the lower extremities, and the proximate cause of it was apparently the wetting. This would naturally call rhus to mind. But I particularly enquired before prescribing as to when the pain was felt first and ascertained that it was felt before the wetting. I came to the conclusion, therefore, that the essential cause was to be found elsewhere, and I traced it to the attack of influenza which had made such a profound impression on Mr. D. some eighteen months before.

Therefore, I selected this as the point of attack for the first prescription. I think Dr. P. S. was nearest to the mark of the allopathic consultants. The case was one of neuritis, the spinal cord itself being involved, and the influenza was the still acting cause of it.

Now, in the course of my materia medica labors I was struck with the similarity of the pathogenesis of *tuberculinum kochii* to the late effects of influenza as I had observed them in my practice. I had also noted the effect of an attack of influenza on phthisical patients, and have seen them rapidly broken up by such an attack. I, therefore, concluded that tuberculin of Koch might form the pathologic simillimum of late influenza effects, in the same way as *thuja* and the vaccinal nosodes are the pathologic simillima of vaccinosis, and as *sulphur*, *psorinum* and the other antipsoras are of *psora*. Experience proved that the law of similars in this was true as elsewhere, and I have confirmed the observation many times. *Tuberculin kochii* will not cure all cases—of course not. Every rule in homeopathy must be used with brains, and happily homeopathy has always a reserve when our first effort fails us. I prescribed for Mr. D. twenty-four powders, numbered from 1 to 24, three of which were medicated with six globules of *tuberculin koch.* 100. One powder night and morning in numerical order. This was May 16, 1904.

It proved a bull's eye. Nothing had ever availed to touch the pain before; but the very first night after taking tuberculin he slept, and I do not think he has had a bad night since, though he has had plenty of pain in the day time.

May 31, 1904. Sleeps much better. Feels much stronger in himself this last week. Still suffers very great pain in his feet. Back still painful at times. Repeat *tuberculin koch.*, thirty-

six numbered powders, four directly medicated.

June 11, 1904. Even so much better in himself these last few weeks. Has slept soundly every night. Pains less frequent and not so severe as four or five weeks ago. No power at all to move the toes.

Pains are worse in the evening, a few hours before going to bed; worse immediately after meals; worse sitting with the legs hanging down; worse when he gets cold.

I will summarize as briefly as I can the rest of this case. I kept him on this remedy till the end of June, then prescribed *rhus* and, after *rhus*, *secale*, getting as close as I could to the symptomatic *simillimum*. In the meantime I told the son to encourage his father to try to move his toes, and to move them for him until he could do it himself. After the *secale*, which gave him a good lift on, I again put him on *tuberculin koch.*, and from September 15, 1904, to February 5, 1905, he made steady progress on this remedy alone. The pains lessened and the power very slowly returned to the feet and toes. He was able to walk with assistance and even to resume his place in his business house.

As I had done so much without seeing him, the friends naturally thought I could do much more if they brought him to see me. I told them by no means to think of it. I did not want to have my work spoiled by a long, fatiguing journey to London from Wales. However, I gave him leave to come in March of the present year, and he climbed up my not very easy two flights of stairs in the city without any particular difficulty. I then saw the ugly scar on his back, nine inches long, and some half dozen vertebræ wanting their spinous processes, proving that these, like the appendix vermiformis, are not essential parts of the anatomy. The center of the scar, where the puncture was made, is still tender.

I found the right foot swollen, but not discolored. He was able to move the foot on the ankle, especially to flex it. The left foot he could move very well, including the toes,

In the subsequent stages of the case *plumbus acet.* 100. and *alumen* 100, chosen on the symptom-correspondence in the classical way with repertory and *materia medica*, very greatly assisted the progress.

The patient is now restored to his position in his town, not to his complete former powers, it is true, but to a state of practical efficiency. In a

letter I had from him the other day he told me he had been able to wear a kid boot on the right foot and finds it extremely comfortable. Before then he was only able to wear a shoe, and that a largish one, on account of the swelling.

Now, gentlemen, it is very possible that I might have made as good a hit with the symptomatic *simillimum*, but I could not have made a better. The impression that first prescription made on the whole community was wide and deep, for Mr. D. is probably the best-known man in the district, and every stage of his illness was public property. There was no rest and no ease for the unhappy man till my first box of powders gave it him. So whatever may be said of other methods of hitting the *simillimum* the importance of finding the pathologic *simillimum* is sometimes of the very first order. And before you can do this you must be able to diagnose the pathology of the case, and you must have works in which you can find the pathologic *simillimum*.

Before concluding I should like to say a word or two on the *implementa homeopathica*. I wish we could get away from the term "*materia medica*;" it means one thing to the allopath and it ought to mean something quite different to the homeopath. But strange to relate many homeopaths are not aware of this.

I was written to by a gentleman some time ago who asked my advice about getting a *materia medica*. He had been practising homeopathy for five years, he said, and as soon as he could afford it he intended to buy a *materia medica*! He added, which was very gratifying to myself, that he had found my "*Prescriber*" invaluable. Now, gentlemen, I am aware that my "*Prescriber*" has often proved a very present help in times of trouble; but the "*Prescriber*" can never take the place of the real *implementa homeopathica*. These are, in essence, a symptom list and a symptom repertory. The homeopathic *materia medica* is as much like the allopathic *materia medica* as chalk is like cheese. You may smile at my correspondent, but he was not so behind the times as some may think. I have no doubt he possessed the "*Pharmacodynamics*," but he did not consider that work to be a *materia medica*. Yet I have known homeopaths who possessed that useful work, who were yet unaware that it is not a homeopathic *materia medica* in the true sense. Dr. Hughes himself knew well that it was not, though I do not know that he ever explicitly said so. But his works prove that he did know

it. It is true he would have none of Hahnemann's symptom list or schema. Hahnemann's schematic arrangement of the symptoms, he said, was a real calamity. But, like the true man that he was, Dr. Hughes set himself to work to redress the calamity, and he produced as the substitute for the schema his magnum opus—"The Cyclopedia of Drug Pathogenesis." Now, the man who backs his opinion by his works must ever command our deepest respect, and the "Cyclopedia"—which is an attempt to replace the schema with the day-books of the provers as a practical implementum homeopathicum—though it has signally failed to take its place as a hand-book of practice, remains a magnificent store-house for future workers in the field.

But for all that, gentlemen, the implementa homeopathica remain essentially what Hahnemann designed—a list of symptoms, supplemented by a repertory. The list of symptoms was introduced by prefatory matter. This prefatory matter may be extended considerably beyond the limits which Hahnemann gave himself in his "Materia Medica Pura" and "Chronic Diseases." Such prefatory matter we find in Dr. Hughes' "Pharmacodynamics," in "Kent's Lectures," and in my introductions to the symptom lists in my Dictionary. But without the symptom lists there is no homeopathic materia medica in the true sense. This was apparent to me many years ago, and it was the fact that I saw that Dr. Hughes was working on wrong lines as far as practice was concerned, that caused me to retire from his band of workers on the "Cyclopedia" and set to work on lines of my own. I saw that there was little use in criticising the work of others until I could supply its place with something which I considered better from the practical point of view, and more true to the genius of homeopathy.

I now find myself in the position that, having produced my work, I have to convert my public to realize that they want it. However, I daresay I shall accomplish that in good time. As soon as the homeopathic world has been brought to a conviction of its soul's needs in the way of implementa, I intend to start on a missionary expedition to the allopaths. They are not really happy in their minds as it is, in spite of all their shouting; and as I have nothing else to do in the world, and am in no particular hurry, I have a powerful hope that I may yet succeed in bringing them to seek and find salvation. I have no doubt

that I shall be able to count on the co-operation of this Society in the enterprise.

Please let it be understood that the allopaths have a perfect right to seek to extinguish homeopathy, just as homeopaths have the same right to seek to extinguish allopathy. The allopaths started the extinguisher game, and it is the barest civility on our part to play well up to it. I do not mean mere defense—that is as poor a compliment to our foes as it is poor tactics—but vigorous offense.

The only possible hope of amalgamation of the two schools lies in the extinction of one of them. The question is—shall the giant kill Jack or shall Jack kill the giant? For the last two generations there has been in the homeopathic body of this country a party who have been in favor of conciliating the giant. The result of this policy has been that the number of avowed homeopaths in Great Britain has been reduced from over three hundred to less than two hundred.

But I think, Sir, there are signs that this rot is going to be stopped at last. Jack is going into training in the use of his implementa, and it is the distinctive features of homeopathy and the skill of homeopaths in the handling of them that will finally assure the victory.

Life and Death.

So he died for his faith. That is fine,—

More than most of us do.

But, say, can you add to that line

That he lived for it, too?

In his death he bore witness at last

As a martyr to truth.

Did his life do the same in the past

From the days of his youth?

It is easy to die! Men have died

For a wish or a whim,—

From bravado or passion or pride.

Was it harder for him?

But to live—every day to live out

All the truth that he dreamt,

While his friends met his conduct with doubt,

And the world with contempt.

Was it thus that he plodded ahead,

Never turning aside?

Then we'll talk of the life that he lived,

Never mind how he died.

—*Ernest Crosby, in The Standard.*



The Medical Library

By O B SERVER

Essentials of Gynecology.

The word "essentials" is rather a provocative title, because it invites the reader to consider not only whether the information given is correct, but whether it is essential. Dr. Ballantyne's work consists of short disconnected sentences, such as would be sufficient for a lecturer's guidance. Some of the sentences are obviously such as need, and in a lecture would receive, oral elaboration. Thus, for instance, under Pelvic Peritonitis, Surgical Treatment, the reader is told "occasionally abdominal or vaginal section and drainage." A person who may be called upon to advise whether or not an operation should be done needs more definite instruction than this. Professor Clifford Allbutt has pointed out that it is one of the ever-existing hindrances to medical science that, as it were, the game is played with the cards under the table; and this remark applies more to gynecology than to any other branch of medicine or surgery. It is this impossibility of public demonstration that causes errors to reappear from time to time. In this book we read at page 173 of "obstruction to the escape of the menstrual fluid at the sharp angle of the uterine flexion." Will Dr. Ballantyne tell his readers where a uterus showing a sharp angle of flexion of its canal is to be seen? The claim that there is no more obstruction in the canal of an anteflexed uterus than there is in a bend of the Mississippi River is supported by every specimen that exists, so far as we know. Where knowledge is incomplete there is always a tendency in the writers of text-books to trust to imagination and analogy, rather than admit ignorance.

Plant Repose as a Means of Physiological Investigation.

Professor Bose has published recently some interesting researches on the movement of plants. He has used a lever turning on agate points, and provided this with a mirror to magnify the movement, the mirror reflecting a beam of light on a screen. By this means he has succeeded in recording the remarkable rhythmic movements of *Desmodium gyrans*, the telegraph plant, that grows

wild on the plain of the Ganges. This plant has trifoliate leaves. The two lateral leaves are small, and are inserted on to the petals by means of a motile organ—the pulvinus. These leaves execute continuously up-and-down movements, each of which takes two to four minutes to complete. Professor Bose has found that movements are not restricted to sensitive plants, but are generalized in all forms of plants. In the sensitive plants, the motile structures are so arranged as to produce magnified effects, which are strikingly visible to us.

In ordinary leaves the refined methods ingeniously contrived by Bose must be used to demonstrate the fact that they, too, move when stimulated. In radial structures such as stems movement can be seen either by unilateral excitation or by recording the length of a stem. For the purpose of excitation, and to avoid all shaking of the sensitive recording apparatus, the thermocautery, a condenser discharge, or light are used as the forms of stimuli.

Professor Bose finds a close agreement between the contractile tissue of animals and plants. In both he finds a like effect—from fatigue, from alteration of temperature, and from the toxic effects of anesthetics and other drugs, etc.

An especially striking effect is the inhibition produced on the movement of the leaflets of the sensitive plant, *mimosa*, in the neighborhood of the positive pole of a constant current.

The extent of the contraction in some cases he found to be strikingly great. Thus the filaments of the stamens of *Cynereæ* shorten by 8.22 per cent. of their original length. On excitation water is expelled from the excited cells and passes into the intercellular spaces. This water was observed by Pfeffer to well forth from the cut end of the filament.

Bose adduces experimental proof in favor of the view that the ascent of the sap is an excitatory phenomenon, that "its unidirectional flow is due to the graduated passage from point to point of the co-ordinated excitatory reaction, propelling water forward." This rhythmic excitation is

initiated in the intact plant at its root by the stimulus of contact with the soil, the friction of the growing organ against rough surfaces, the excessive turgidity caused by the absorption of water, and possibly the chemical stimulus of substances present in the soil.

Throughout the book Bose supports such mechanical views of the phenomena which he has studied, and we regard the worth of his work as lying far more in his ingenious experiments than in the depth of his philosophical interpretation of his results.

He concludes that all the various movements of plants which are seen in Nature under the action of external stimulus are but different expressions of a single fundamental response by contraction. He finds that, in *mimosa*, for example, conductivity of an excitatory effect is not due to the transmission of a hydro-mechanical disturbance, as has been supposed, but takes place by the propagation of protoplasmic changes, and that the velocity of transmission is modified by various agencies in the same way as in animal tissues.

**Trattato
di Psichiatria.**

Professor Bianchi like most modern alienists, is opposed to over-nice classifications. An etiological classification is dismissed as neither scientific, rational, nor useful, as it is that "great factor 'the individual' which turns the wheel of the nosological varieties." An anatomico-pathological basis, he admits with all others, is as yet out of the question, but he finds much to be said in favor of a combination of etiological and symptomatological criteria. As, however, some form of categorization is imperative "through that associative power intrinsic in things, just as in the products of our thought," he considers mental affections under three great heads—the first comprising disorders represented essentially by an evolutionary psycho-cerebral defect; the second including mental affections of infective, auto-toxic, or toxic origin developing in individuals regularly evolved; and a third comprising all those affections having an organic substratum, localized or diffuse, in the central organ of mind.

Necessarily, in this, as in all other forms of classification, the groups overlap, for each of them is distinguished by a characteristic which is not comparable with that which contradistinguishes the other two; but it, nevertheless, furnishes a simple and, on the whole, adequate form of classification. In describing a voluminous

work like this of over 900 pages it is difficult to avoid falling between the two stools of appreciative criticism and bald recital of the subjects treated. Fortunately our task is simplified by the fact that criticism is rarely called for.

Under Group 1 the author considers phrenasthenias or forms of defective evolution, paraphrenias, delinquency, epileptic and hysterical insanity, paranoia, fixed ideas and obsession, neurasthenia, and the sexual psychopathies. If we may single out chapters of especial interest, we should draw attention to the very admirable accounts of delinquency and epileptic insanity. Owing to the character of Italian law, whereby criminals of doubtful sanity are sent to provincial asylums for observation, Professor Bianchi is in a position to speak with authority from wide experience of criminal cases, and for this reason these chapters are particularly instructive.

The second group includes not only those psychoses usually regarded as of toxic and auto-toxic origin, but also mania, melancholia, manic-depressive insanity, acute and late paranoia, neurasthenic insanity, and "sensory insanity." Within this latter term, "sensory insanity," the author includes "all those psychopathic states which begin with hallucinations and illusions, no matter whether these disturbances dominate the scene during the whole course of the disease or disappear at the beginning of it, leaving syndromes which it would be a mistake to consider as particular forms of disease, since, in point of fact, they form with the sensory disturbances one single whole, clinically and psychologically inseparable."

Thus, under sensory insanity, Professor Bianchi considers amentia, acute dementia, dementia precox, katatonia, stupor, and mental confusion. His reason for embracing all these forms within one category lies in his conviction that they are all initiated, almost constantly, by an hallucinatory explosion. The presence of hallucinations he considers of prime importance, in opposition to Kraepelin, Clouston, Morcelli, Chaslin, and others, who hold them to be secondary and not essential features of these diseases. Professor Bianchi's views on this point are a little difficult to understand, for he appears to attach to hallucinations not merely a symptomatic but a causative significance. Thus, he says, "kinesthetic, tactile, auditory, and visual hallucinations have a great disintegrating power over the personality," and again, "in sensory insanity . . . they (hallu-

cinations) are the radical and substantial phenomena, and consequently they provoke abnormal intellectual and affective states." In consequence, Professor Bianchi is opposed to the elevation of dementia precox to the position of a clinical entity, and finds no justification for that denomination, except in so far as it indicates a form of sensory insanity of youth, already included in the conception of hebephrenia.

In Part III, discussing paralytic dementia, considerable space is given to the question of its etiology. Contrary to the general mass of opinion the author cannot admit that syphilis is the specific pathogenic factor, but affirms that it may be provoked by a large number of causes, prominently amongst which he places alcohol, heredity, and sexual excesses.

The Operative Treatment of Prolapse and Retroversion of the Uterus.

This is a work by Dr. J. Inglis Parsons, a leading gynecologist, upon a subject of much interest. In a short account of the anatomy of the pelvis and pelvic floor in relation to prolapse, no mention is made of the retentive power of the abdomen and abdominal equilibrium as important factors in maintaining the uterus in position. The chapters on "The General Causes of Prolapse and Retroversion" are worth reading, but when we come to the treatment there arises a sense of keen disappointment in the obsolete, retrograde views advocated. The first place is given to pessaries of various kinds, ignoring the accepted teaching regarding the bacteriology of the vagina and the well-known fact that the normal bacteria quickly become pathogenic in the presence of even slight interference with the free drainage of vaginal secretion. It is the same with all other secretions in the body—lachrymal, biliary, etc.—stasis brings about infection. It cannot be too clearly laid down that no amount of douching with antiseptics will prevent sepsis in a vagina which contains a pessary. Mathews Duncan knew nothing of bacteriology, but he was a keen observer, and he said of pessaries that they were "harbingers of filth."

Next to treatment by pessaries is placed the author's operation of injecting a solution of quinine into the cellular tissue of the broad ligaments for the purpose of exciting an effusion of lymph which on organizing fixes the uterus in normal position, provided great care be taken that the patient wear a cup and stem pessary attached by tapes to a waistband during the pro-

cess of consolidation. The patient must have rest for three minutes after the operation, which may need to be repeated. By this operation the author claims that 75 per cent. of his cases were permanently cured, although "many of them had previously been the round of the hospitals without any benefit." This statement is a grave reflection on the London hospitals. We do not think that in America these patients would have had to travel far before being cured by ordinary surgical methods. We cannot imagine anything more unsurgical than this procedure.

Next come descriptions of the various operations on the vagina and uterus; but the author does not seem to have grasped the cardinal principle that no one operation will cure procidentia and that all the lesions must be remedied, and at the same time, if a permanently successful result is to be attained. The fingers are passed into the rectum freely during plastic operations on the vagina, a most risky and unnecessary proceeding.

On the important subject of pregnancy complicated by procidentia no light whatever is thrown. In retro-displacement of the gravid uterus, treatment by an elastic bag in the vagina is extolled, and no mention is made of the great value of the knee-chest position as an aid to reposition by fingers and volsellum forceps. In recommending the sound as a means of restoring the uterus, the importance of disinfecting the os and passing the sound through a speculum is not mentioned. For menorrhagia and profuse leucorrhea, the constant current is advocated, and this failing, the ovaries and tubes are to be removed rather than the uterus. In making the median abdominal incision, no attempt is to be made to find the linea alba, but the muscle is to be cut through. In removing the appendages, silk interlocking ligatures are used, with a reënfolding ligature around the whole pedicle. We thought this method was quite extinct. Silkworm gut is recommended as a buried suture for the ant. aponeurosis and the round ligaments (in internal shortening of these. The only explanation of this recommendation which we can think of is that the author has had a very limited experience, for of all materials for buried sutures silkworm gut is that most likely to give trouble.

On the relative value of ventri-suspension, internal shortening of the round ligaments and Alexander's operation, the author's opinion is that they should be placed in the above order.

He does not, however, apparently recognize that Alexander's operation is only applicable to retro-displacement without adhesions. In this class of case it should, in our opinion, be placed first.

Les Accidents du Travail.

The title of Dr. Vibert's work on accidents to workmen scarcely indicates as fully as it might the scope of the treatise, which deals more than is customary in similar medical works with the legal aspect of the injured workman and also with the affections which are, rightly or wrongly, said to have been caused by the injury accidentally received.

Among the earliest problems presented to the reader is the correct definition of an accident which seems of sufficient importance to demand notice at length. French law does not define an accident further than in the words: An accident which gives a claim to compensation is one which has arisen by the nature of the employment or in the course of it. And this has been subsequently amplified by official circulars thus: "Accident in our sense consists in a bodily injury arising from the sudden occurrence of an external cause." Dr. Vibert, while accepting this definition, also quotes the German legal definition, which is as follows: "An accident is an abnormal and strange happening in the course of the employment which occurs suddenly, and the consequences of which are injurious to life and health."

The opening chapters are devoted to an exhaustive résumé of the duties of medical men under the French law of compensation for injury, and it would serve no purpose to pursue a further criticism of them. The main body of the work is devoted to a consideration of the complications, medical and surgical, which most commonly supervene upon accident or injury, and is divided into six classes. The inquiry thus covers all the special systems of the body, and is of the most complete character. The question of tuberculosis as the result of accident is alluded to in terms which are decidedly too vague to be followed in giving evidence; and to say that "it is probable that a contusion of the lungs can produce tuberculosis in a previously healthy subject" is an admission which would delight the ears of a cross-examining counsel. It is difficult to agree with Dr. Vibert on this subject, and to admit the above contention would be to open the door to a number of claims which would hardly

be genuine. The French courts seem to have been less generous in the case of anthrax, which has been rejected by them in the case of leather workers and others. The existence of traumatic diabetes as distinguished from traumatic glycosuria also receives notice. Lumbago also receives notice, and, as this is probably the most common form of malingering known in general practice, it is interesting to note that Dr. Vibert only recognizes as true lumbago those cases in which actual injury to the muscles of the back can be demonstrated.

It is undoubtedly the tendency of the workman to attribute every disease which comes upon him to some accident of his occupation, however remote and however difficult it may be for him to recall the occasion. Heart failure, hernia, hemorrhage from the stomach, and countless other injuries are thus ascribed to accident; when such diseases cause death it is necessary not merely that a coroner's inquiry should be held, but that an autopsy should be ordered—a custom more honored in the breach than in the observance. The question of injuries to the stomach is one which justly receives prolonged attention at the hands of the author, for it presents great difficulties both as to the existence of disease previous to the suggested injury and as to the possibility or date of complete cure. Hematemesis is so varied in its results that most medical men have had surprises in its treatment, and it is not easy to dogmatize upon the matter.

The concluding one hundred pages of the work are devoted to traumatic neuroses, and this question to Dr. Vibert is full of materials for controversy; there is probably no class of cases in which medical men appear more hopelessly at variance. The exact character of the injury, the present condition of the patient, the question of malingering, and most of all, the prospects of complete or even partial recovery seem to be specially designed to make our profession disagree in public. Dr. Vibert has already published a work on railway accidents, in which he called special attention to this class of affection, and subsequently a special treatise on the subject of what he now prefers to call hystero-neurasthenia. He discusses at great length the true etiology of these cases, and how far we are to assign them on the one hand to injury and on the other to emotion, and is inclined to believe that the part played by the mental faculties is relatively very small.

In conclusion, while it is not possible to agree in many details with the propositions laid down by Dr. Vibert, it must be recognized that he has made a valuable contribution to a department of practice which, with the increasing disposition to protect the workman, is increasingly important to the medical profession.

TOPICS OF THE HOUR

The Unanimous Club Meeting.

An open meeting of this famous Club was held at the Manhattan Hotel, New York City, the night of January 30 last, over which our distinguished friend and brother editor Dr. E. H. Porter presided with his usual originality and success. The following members were present (with names *en masque*):

Clear-skinned L. Bagg, Bukkwriter G. Carleton, J. Bonhomie Garrison, Chas. H. Hell-fritdge, W. Alive Helmuth, J. Lettus Keep-mum, Chas. S. May, or may not, Ab. Globe-trotting Norton, Leonidas Antoninus Opdyke, Eliogabulus Hieronymous Porter, Happy D. Schenck, George Thirtieth Stewart, Irving Townsend, the mystic, E. Good-natured Tuttle, Winsome B. Winchell, Alton Gulliver Warner, J. Farmer Ackerman, Fred. Jubela Cox, J. Praise-God-Barebones Custis, Say-yes Hasbrouck, Washington Richelieu King, F. Clancey Richardson, and J. Hahnem. Mon. McClelland. Among the medical guests were William Henry Aten, Homeopathy Proving Bellows, W. Hustler King, George Whiskerless Roberts, Gels. S. Willis, Railroad Trotter, Lewis and Osterfield. Of the unanointed strangers within the gates were Judge Moore, Messrs. Meiseles, Pease, Shields, and Toole.

Under the unwritten law of this Club—and the unwritten law in some parts of the South seems to be sufficient warrant for killing doctors—the visitors and guests were caused to walk the talky-talky plank for the delectation of the merry-makers. Judge Moore and “Clancy” Richardson did their proper stunts; Mr. Measles, the pair of kings, black-eyed witty McClelland, Bellows and O’Toole added their per capita to the raciness and fun of the occasion. Telegrams and letters were read from the absentees deploring their enforced absence. A toast was drunk to the health of Dr. Kraft, whose ill-health prevented his attendance.

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Postal Improvements.

The Medical World, with its usual enterprise, has had prepared for public distribution a very clever statement in pamphlet form attacking the

proposed increase in second-class postage rates, and directing that publishers everywhere make use of the arguments therein set forth, or others similar thereto, with their Congressional representatives, or with the special commission now sitting in the East deliberating upon the matter. Editor Taylor is right in his opposition to the proposed increase in rates, and all his points are well taken. He ascribes the postal deficit to three causes: namely, the excessive rate paid the railway companies for hauling the mail; second, the increased expense of the Rural Free Delivery; and, third, to the great expense of free postage to the government officials and representatives. Heartily commending the protest and recommending its arguments to our readers and especially to those in the publishing business, as well as to those who are in contact with the powers that be, we drop the subject momentarily to indulge in a few paragraphs of personal grievance.

When we came to Cleveland in 1890 the post-office from which we and all other Clevelanders received our mail was in the lower portion of the city, the old part. From this central point the carriers went to their several districts and delivered the mail; and we received our first mail at about 8 o’clock. Then came improvements, sub-stations and sub-post-offices, many of them, new carriers were appointed, the districts were re-districted, and we got our first mail about 9 o’clock. Still more improvements were inaugurated, a post-office was located within four blocks of our residence and office, and, until we protested and objected strenuously and numerously, our first mail caught us about half-past ten. We plead for an undoing of the many improvements and a return to the primitive down-town service. Some amelioration was given by making our street the dividing line of two districts and our street the beginning instead of the ending of the carrier’s route; so we got our mail about half-past nine. After many gyrations back and forth, and still further improvements, the post-office was wiped out and a sub-station planted a couple of miles away and there it is to this day. Now by good luck we sometimes get our first morning’s mail about ten o’clock. If we were outside the city delivery we would be served by some

Rural Free Delivery about half-past eight; but being in Cleveland a city of metropolitan habits and 1865-country-post-office service, so far as we in the East End are concerned—the acknowledged better part of the city,—we must wait until ten or later for our first mail. Down in the city, within ten minutes' walk of the General Post-office, on one side of a dividing street the first mail is delivered at 7.30; on the other side at 9. Complain? What's the use? We wrote a letter some time since to the postmaster calling attention to an undoubted fake advertisement which was using the mails for an improper purpose and, although the good government supplies lots of employes and free postage, the letter was not acknowledged even in the usual perfunctory, flunky way. If a complaint is made of missending or non-reaching of a letter sent, then there comes the usual blank form requiring all manner of personal history, time of day of mailing, what phase of the moon and planets, what witnesses to the mailing, etc., etc. Everybody knows the circumlocution blank sent out, in all such cases made and provided; and everybody knows that after several weeks or months that blank will be returned with seventeen or twenty more slips pasted one upon the other the last one declaring that nothing could be found. Letters directed to our full name and title but deficient in number or street seem unable to find us. They eventually come rubber-stamped with "Try" this or that street, or carrier, or they are sent across the river, twelve miles away to another Belle avenue probably a hundred feet long. Then, per contra, a letter reached us the other day addressed to "Dr. Croft, Cleveland, O." Not very many months ago *Progress* of Denver having been informed that we were not receiving its exchanges ill-advisedly started an investigation at its end of the line. So one day a telephone message was communicated to us by some appointee in our post-office—not even the dignity or courtesy of a letter was forthcoming—asking How long we had been editor of the *AMERICAN PHYSICIAN*? How long we had lived in Cleveland? Had we informed the post-office of our continuance as such editor each year? Had we received much mail at our number? and a series of the same inane questions which if asked by any clerk in a commercial house would have promptly dismissed him from that service. The result was, as might have been expected. The journals were not found. Cleveland has the misfortune, in many of its federal appointments, to be labor-

ing under the results achieved some few years ago when the Republican party was machined to such unholy extent and purpose that to this day the best Republicans vote the local Democratic ticket. And because of this danger to Republican institutions, the men who are responsible for the appointments dare not make removals or recommend other appointees lest even the little Republican influence which lies latent in and about these stock appointments should be lost. From other sources we learn that others in our unfortunate city have made complaints of the postal service, and that the Hon. Postmaster General has sent a commission here to investigate and recommend correction. What will be the result? Possibly, the recommendation of more improvements, more carriers,—then good Lord help us and save us! for our chief fear now is that there may be still more improvements coming so that ultimately we in our district and others also, may have to hire a small boy with a toy express wagon to get our mail at the sub-station some time in the morning and distribute it to us at so much per. The trouble seems to be somewhere in the management of the office. The city has grown, and so have the number of carriers. But the facilities for prompt delivery of mail have not grown.

A poor man's wife required an operation. Operation was done. Each morning thereafter as the poor man inquired at the hospital office concerning his wife's health he was informed that she was improving. Eventually there came the dark morning when he was told that she was dead! "What did she die of? Improvements?"

So that while Brer. Taylor's second-class mail rate is a very present trouble and one that needs attention, the editor of this journal feels that he has a grievance which to him is of as great proportions as the second-class mail rate. There seems to be no good reason why a business or professional man and editor living in the East End of Cleveland should be required to wait until 10 o'clock for his mail. But such is the fact, and, apparently, there is no help for it.

♦ ♦

The Medical History of John Calvin.

Posthumous diagnosis of the physical ailments of famous men has become a distinct feature in modern medical literature. It is an interesting, though seldom a very fruitful, field of inquiry, for in most cases facts bear to theory the propor-

tion that the halfpennyworth of bread did to the intolerable deal of sack in Falstaff's tavern bill. To the medical mind it is, of course, a truism that disease plays as large a part in human history as death. It is not merely the madness of kings, but their gout, their stone, their indigestion, that brings woes upon the people. The misfortunes which clouded the last years of the reign of the Sun-King have been attributed to the famous fistula which is a landmark in French history. Napoleon is believed by some historians to have lost the battle of Leipzig because he had dined too well of his favorite shoulder of mutton and onions. The religious intolerance of "Bloody Mary" has been ascribed to uterine disease. Much of the work of the world has been done by invalids, and it would be interesting to trace a connection between their infirmities and their actions. Dr. George M. Gould seems to hold that "eyestrain" is the secret of the sufferings of most men of genius in these latter days. What ravages this comprehensive disorder must have caused before the discovery of the right kind of glasses came to bless mankind from Philadelphia! In the light of this doctrine the cruelties of Nero may be accounted for by the fact that he had weak eyes, and in regard to other tyrants the scientific use of the imagination will easily supply a suitable defect in the organ of vision. Both Horace and Cicero complain of "lippitudo," and this hint may furnish a key to the moral backslidings of the one and the political "spinelessness" of the other.

To those not under the spell of a theory it is difficult to believe that the eye is the only peccant part. In the domain of divinity, for instance, we think it likely that functional disorder or organic disease of the digestive apparatus plays a considerable part. It is difficult to imagine a Grand Inquisitor with a healthy liver.

To Carlyle it was unthinkable that John Knox was what he calls "eupeptic;" to ourselves it is still more incredible that Knox's master, Calvin, was not the victim of dyspepsy.

This a priori conclusion is confirmed by the results of a careful inquiry into the physical constitution of the prophet of Geneva which has recently been made by Professor Doumergue. For our knowledge of his researches we are indebted to a paper by Dr. Léon Gautier which appeared not long ago in the *Revue Médicale de la Suisse Romande*.

The sources from which the clinical history is derived are Calvin's own letters and those of his friends, and the biography left by Beza and Coladon. An abundance of detail is found in a statement of his case submitted by Calvin to the physicians of Montpellier a few months before his death. It appears that Calvin was from his youth onwards the victim of neuro-arthritis. Dyspepsy afflicted him throughout life. Beza says the *ventriculi imbecillitas* which in his youth had its origin in overwork and want of exercise, was at the bottom of all the ailments from which he suffered in after-life. He was tormented by frequent headache, not seldom lasting several days. He was often vexed by catarrh; later he was attacked by hemoptysis, which was followed by chronic cough and progressive dyspnea, emaciation, and hectic fever. Hemorrhoids with perineal eczema were another thorn in the flesh. In later life he suffered sorely from gout, which, in his own words, caused him *acerrimos cruciatus*. He had sometimes to be carried to the church to preach. Renal colic came to aggravate his sufferings. In July, 1563, he says he passed a calculus almost the size of a hazel nut, and in the ensuing month several smaller ones followed, giving some ground for the patient's description of himself as a *lapidicina* or quarry. Two months before his death there was a stone of considerable size in his bladder. He died exhausted by his many infirmities on May 27, 1564. Dr. Gautier is doubtful whether to ascribe his death to phthisis or to septic fever arising from urinary disease. The pathological record of the great Reformer must make even those who are least in sympathy with his doctrine admire the strength of will and lofty enthusiasm which enabled him to work so unremittingly as he did under such a burden of suffering.

In his last illness he translated his own Commentaries on the Pentateuch, and revised the greater part of the translation and annotations on the New Testament; he did not cease to dictate till a week before his death, when his voice failed him. To those who know anything of the extent to which the state of the mind is governed by that of the body, it is easy to understand that the outlook on life of a man so racked by disease could scarcely have been very cheerful, that his temper was stern and his teaching terrible to the weak nature of man.

As when some great painter dips
His pencil in the gloom of earthquake and eclipse.

Calvin is made more intelligible to us, as a man and as a theologian, by the knowledge that his conception of human destiny must have come to him through the fiery furnace of bodily suffering.

♦ ♦

Anointing the Sick.

In the course of its proceedings, the London Diocesan Conference dealt with the subject of Christian Science, resolving finally that "this Conference, while emphasizing the power of faith in healing, views the main outline and the attitude of Christian Science as antagonistic both to Christianity and to science." The discussion of the subject was introduced by Archdeacon Sinclair, who, after showing by extracts from Mrs. Eddy's books that certain of the tenets of Christian Science were definitely blasphemous, made some attempt to account for the number of its adherents. Modern Christianity, he thought, had not laid enough stress on the importance of faith, and thus had left room for erratic vagaries. There could not, he considered, be the slightest doubt that faith had much to do with recovery from sickness. Confidence in the love of God, belief in the skill of the medical attendant, and earnest prayer for the best issue, all combined to promote conditions favorable to victory over physical ill-being. He was careful to add, however, that "we must at all times make use of the ordinary means that God has provided. Faith alone will not cook our food, cleanse our drains, purify our rooms, or build sanitary houses. Faith without works is dead, being alone. The works that are necessary to faith in illness or accident are the accumulated skill and experience of surgeon, physician, and nurse." In the course of his address he related a story of an acquaintance who, when ill, was asked to submit to Christian Science treatment, and was assured that pain was non-existent. She never received the treatment, however, for she coupled with her acceptance a condition that the would-be healer should first allow her to place some cayenne pepper in his eye. A similar story was related by Lord Halifax: a friend of his was present at a meeting at which a Christian Science lecturer was emphatic in his assertion that there was no such thing as pain. Lord Halifax's friend thereon quietly inserted a pin into the lecturer's person. This had the usual effect, and the meeting broke up in confusion.

Lord Halifax, it is to be noted, urged at the conference that the Church should reintroduce the practice of anointing the sick. Commenting on this suggestion, the Bishop of London said that the matter was already receiving consideration by the Bishops. Extreme unction as practiced by the Roman Catholic Church departed in its doctrine materially from the teaching of the English Church, and whether anointing and laying on of hands could properly be practiced by themselves was a matter for careful consideration chiefly from the point of view of historical investigation. Undoubtedly the influence of mind over matter was great, and they must admit the sacredness of the healing art; in modern times it was much left out of consideration. Faithful physicians were sent by Jesus just as much as they themselves were sent to minister to men's souls.

Book Reviews.

ELECTRICAL WIRING AND CONSTRUCTION TABLES. By HENRY C. HORSIMAN and VICTOR H. TOUSLEY, Authors of "Modern Wiring Diagrams" and "Descriptions of Modern Electrical Construction." Chicago: Frederick J. Drake & Co., 1907.

This is more in the form of a repertory or dictionary for the actual workers in electrical application, for commercial uses. It is filled, this little pocket-book is, with tables of all kinds that appeal to and are highly appreciated by the craft who work in this line. We have a son who is doing this manner of studying and to him the book, as he declares, is a veritable god-send. It is intended, as it is evident, as a pocket book, to be carried by the worker. Its Tables are for continuous use. They never vary. They carry all the information that an Electrical Engineer would be called upon to use in his work. The book compresses within its pages a vast storehouse of information. We are informed that the book is one of the best of its kind, if, indeed, it does not stand at the very top. It is well printed with an abundance of illustrations, and its binding in flexible leather makes it handy for hip pocket or inside coat pocket.

MANAGEMENT OF ELECTRICAL MACHINERY. A Revised and Enlarged Edition of Practical Management of Dynamos and Motors. By CROCKER and WHEELER. D. Van Nostrand Co., New York.

The fact that six editions of this little book have been issued in the few years of its existence argues well for its intrinsic value. It is put up in such a get-at-able shape that it becomes instantly available for all it contains, whether to student or practical expert. A glimpse of its Contents shows the very intensely practical application that will be found in its pages for the

commercial use of electricity. It begins at the beginning with Generators and Motors; it shows how to select Dynamo-Electric Machinery; it proceeds to install these machines, erecting foundations and preparing connections; it then takes up the Inspecting and Testing, giving excellent and minute directions as to Adjustment, Friction, Balance, Noise, Heating and Sparking. One Chapter is devoted to Electrical Resistance; another to Voltage and Current, Speed, Power and Efficiency. The third part of the book lends itself to the Localization of Troubles and their Remedy. We are not an Electrical Engineer, and while we only handle medical electricity every day and sometimes pretty nearly every hour of the working day, still we appreciate the immense practical value of this book and cheerfully recommend it to whomsoever may be in need of such information. The book is handsomely illustrated, while its letterpress is far from being stilted or too technical.

TRANSACTIONS OF THE FORTY-THIRD SESSION OF THE HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Held at the Hahnemann Medical College, Philadelphia, September 6, 7, and 8, 1906. Lancaster, Pa., The Examiner Printing House.

We have said several times, and we take pleasure in repeating it now, that the printed Transactions of the Pennsylvania Society are always of a superb homeopathic order, and the equal of almost any homeopathic book which reaches the professional table. It would be a carping hypercritic indeed who could not find matter of value in these Transactions; its Homeopathy is always refreshing because it comes from the original source and undefiled; its clinical cases appeal to the practical reader who tires of the much preachiness which unhappily infects and infests so many of our classical essays uttered in public, or from the College rostrum; its surgical and mechanical cases are a delight to the operators in that they are excellent expositions of the latest in these specialties, and yet how close to the line of old-fashioned Homeopathy.

The address of President Seip is a masterly production in that it covers the whole field, and does it in a plain painstaking fashion which elicits approbation. He does not expend his time or fritter away that of his audience by rehearsing old and time-stained theories. He enters upon no debatable ground; but steadily adheres to the matter in hand, and succeeds in presenting a scholarly and instructive state paper.

In glancing over the pages of the program and noting names, and titles of papers, one is unconsciously reminded of the American Institute of Homeopathy. It follows along the lines of the national body in many ways. It prints the Code of Ethics of the Institute; which provokes the question: How many members of the Institute have read and are familiar with the Institute Code of Ethics?

In the section devoted to Homeopathic Institutes and Clinical Medicine, and *Materia Medica* and Proving, we find many of the wheel-horse homeopaths of the day, and some few of the recent past. Their work is always desirable and commendable, and read with interest and pleasure of those who have not gone bodily and allopathically over to the flesh pots of the Specialists. It looks good to see the familiar names of H. C. Allen, J. C. Guernsey, E. B. Nash, C. C. Rinehart, A. P. Bowie, Edward Cranch, O. S. Haines, Aug. Korndorfer, Z. T. Miller, and W. J. Martin so prominently in these pages; they are guarantee of good homeopathic work; they are good ones to tie to. We find Dr. Julia C. Loos of Harrisburg among this list, and as we have seen and continue to see her name as Collaborating Editor of one of our Exchanges, and a frequent contributor to other journals, and of articles having a high pressure potency, we fancy her to be a fine and conscientious student.

The surgical and gynecological departments need no especial mention; they are always noted for their originality and thoroughness; and so, also, are the other specialties.

In closing, we desire to note the election to membership of E. A. Farrington. This is a homeopathically-historic name. May the later bearer thereof prove as efficient and praiseworthy as was the original, the lamented and lovable author of the "Prince of *Materia Medica*."

DISEASES OF THE NERVOUS SYSTEM RESULTING FROM ACCIDENT AND INJURY. By PEARCE BAILEY, A. M., M. D., Clinical Lecturer Neurology, Columbia University. New York and London: D. Appleton & Co., 1906.

Several years ago Dr. Bailey wrote a book dealing with practically the same class of cases as are considered in the present volume, but in a much more limited way. He considered what are known generally as the traumatic neuroses, the nervous affections resulting from injury and fright. The book at once took rank as an authority and was widely quoted from a medico-legal standpoint.

The present volume not only contains much new matter but its scope has been much extended, so that it may be considered as a treatise on all traumatic affections of the nervous system. It discusses these conditions entirely from the standpoint of the neurologist. Where the subject is fully described in the text-book on surgery it is dismissed with the briefest mention.

The term "Traumatic," may be used as applying to many causative factors in disease. In a book of this character, which is intended in part as a guide for those who have to deal with cases in court, it becomes necessary to limit its use in some definite way, and the author does this by using it as referring to "quickly acting physical violence or psychic shock which arises outside the body."

With this as a limitation he makes an exhaustive study of the effects of trauma upon the

nervous system. He takes up in detail the methods of case examination, noting the absolute necessity for a careful scrutiny of the previous history of the patient in search for anything which may have an influence over the present condition. He emphasizes the necessity for this, characterizing it as the most important part of the expert's duty.

He then discusses the organic effects of injury to the nervous system. This we consider important because if it can be established that organic disease may be awakened (if we may use the term) by an accident which produces or does not produce physical injury at once a strong plea may be made for a plaintiff in a damage suit. If it can be shown that the existing organic disease would probably have lain dormant, had it not been for the violence of the injury it is most important, and the author shows that frequently this is the case. He discusses many organic diseases of the nervous system whose causative factor may be a trauma.

Similarly he discusses the effect of trauma on the development of functional nervous diseases. Here he has made a very careful study of his subject and the text is bound to be helpful to the physician whose fate it is to be involved in a legal battle.—Dr. Bailey has made the best presentation of this most perplexing subject that we have seen. It is worthy of careful study and really the medical witness cannot afford to go on the stand without having first read what the author has to say.

The third part of the work deals entirely with medico-legal consideration. He discusses personal injury claims and medical expert witnesses. He takes up the malingerer, indicating how he may be detected, though acknowledging that "each case is a law unto itself" and that no hard and fast rules can be laid out for his detection.

Nearly one hundred illustrations help to elucidate the text.

Taken altogether the book is bound to be helpful to any physician in his endeavor to understand this class of cases.

ORGANIC AND FUNCTIONAL NERVOUS DISEASES. By M. ALLEN STARR, M. D., Ph. D., LL. D., Sc. D., Professor of Neurology, College of Physicians and Surgeons, The Medical Department of Columbia University of the City of New York; Consulting Neurologist to the Presbyterian and St. Vincent's Hospitals, St. Mary's Free Hospital for Children, and to the New York Eye and Ear Infirmary; Ex-President of the American Neurological Association and of the New York Neurological Society; Corresponding Member of the Société de Neurologie de Paris, and of the Neurological Society of the United Kingdom, London; Author of "Familiar Forms of Nervous Disease," "Brain Surgery," and "Atlas of Nerve Cells." Second Edition, Thoroughly Revised. Illustrated with 282 Engravings in the Text and 26 Plates in Colors and Monochrome. Lea Brothers & Co., New York and Philadelphia.

The author states that the mass of pathological and clinical material which had accumulated in his possession during the past twenty-five years in the practice of his specialty had seemed worthy of analytical study and had led him to

many definite conclusions; and it was largely upon this material that the present book was based. While the extensive literature of Neurology has been carefully considered and sifted, its facts collated and its theories weighed, the endeavor has been made to utilize personal observation and experience in the presentation of each subject. The first edition was limited to Organic Nervous Diseases: so that the present edition has enabled the author to execute his original plan of covering the whole field of Neurology while carefully going over the original Organic Nervous Division.

A number of diseases such as apertains to the ductless glands, acromegaly, myxedema, cretinism and exophthalmic goitre and which find their proper place in works on internal medicine have been excluded from this volume; and with them also the infectious diseases which affect the nervous system such as tetanus and hydrophobia. The so-called trophic disorders, lipomatosis, megaloccephaly, scleroderma and trophe-dema as well as angioneurotic edema, are not included, as being rather diseases of nutrition and development than true neuroses.

Those who have been using the First Edition require no special commendation from the Review Editor to induce a purchase of this newer volume. It is practically of the same size and typography; its illustrations are very graphic and numerous; while its letterpress is in the well-known easy diction of this famous author. The Second Edition, however, has, as stated above, been added to in a most valuable and important way, which makes it necessary for the practitioner to possess this later volume. It is a fine volume, and aside from its intrinsic professional value, is a distinct credit to the publishers always noted for excellency in bookmaking.

Globules.

—The Anti-Tuberculosis Congress, acting under the National Association for the Study and Prevention of Tuberculosis, is preparing for some busy times in Minneapolis, judging from the printed matter which has reached our table. We find our handsome friend Dr. H. C. Aldrich with Drs. Geo. F. Roberts and Ethel Hurd, representing the Homeopathic Medical Society. The meetings are at various times extending from the 2d to the 12th of February, and held in the Assembly Room, City and County Building.

—There has been a very generous response from the Homeopathic press touching our request that a page, or some part of a page, be donated to the publication of Institute information, names of officers, chairmen of Bureaus and

Presidents of Sectional Societies. Those of the editorial brethren who could not give the stated page or any multiple thereof, kindly promised to make news items of the information, and thus keep their readers informed. All along the line there is a decided awakening for the good of the American Institute. [Dr. Kraft holds himself ready to answer all questions concerning the next session of the Institute. Don't be afraid to ask.]

—Dr. M. O. Terry (present address Ft. Myers, Fla.,) desires the aid of all those in the profession who have discovered or made improvements in medical or surgical directions especially as applicable to military service. Please make the paper, containing such data, brief and have it type-written. This matter is sought for the use of the American Institute session at Jamestown, June 17th next.

—If you are an Institute chairman don't wait for your official notification—which will doubtlessly reach you within a fortnight—but proceed to work at once. The time is very short in which to do your best work. The lateness of the last Institute-Congress meeting, September, makes it necessary to get busy at once. Remember please, you Institute Chairmen, that no member of the Institute can be on more than one bureau. So, if you want to get good representative men and women, don't wait until the other Chairmen have secured their services.

—The January number of Progress appears in white cover page, of larger size and bulk in journal, and larger type. It shows a decided progress and improvement throughout. But the wooden-fingered lynx-nosed proofreader once more got in his deadly work. Thus the readers are informed that we have removed to "2055 Nineteenth Street," which would put us somewhere near the busiest part of the business portion of the city; whereas we conduct a quiet, seemly, upright parish practice, in the east end of the city which, like the west end of London and Cincinnati, is considered the bong tong residence district. It is our old 57 Bell Avenue street and house but now, by the grace of municipality action, changed to 2055 East *Ninctieth* Street. Mark the difference, Mr. proofreader.

—That hale and hearty "old" veteran, Dr. D. H. Beckwith of Cleveland, is about ready to abandon his catch-as-catch-can horseback riding in

Cleveland and sundry allied exercises and duties, and hie him southward with the swallows—as he does every year—to avoid the rigors of our rigorous winters. Dr. Beckwith gives no indication of his great age, his color being good, his eyes bright and snappy as of yore, his step quick and nervous as that of a younger man—a good deal younger; and if there be any doubt concerning his mentality—why, try him some time. How will he be tried—why by the square on anything and everything—and note the youthful activity of that brain. He visits our parish house very often and regales us with good stories.

—The Monthly Bulletin of the N. Y. State Dept. of Health for December, 1906, lies before us. In this is included an interesting abstract of Vital Statistics for November, 1906. Our esteemed friend and brother Editor, Dr. E. H. Porter, the well-known Commissioner of Health, is in charge, with Dr. Hills Cole as editor.

—You've seen that very handsome copy of Miss Magnus' original painting entitled "The Convalescent" issued by the Antikamnia Chemical Company, haven't you? If you haven't, remember it is yours on application. President Ruf is very proud of this latest addition to his portrait gallery, and, we think, justly so. It carries a calendar on the reverse side that is very useful. We note no deterioration in the usual business directness of Mr. Ruf. He seems, despite of some journalistic hammering, to be still in the ring, smiling and ready. It is no small record to have carried a single product through so many years, successfully, almost single-handed, until its virtues and values are known in perhaps all parts of the civilized world.

—Recognizing the advantages of a broader general education and the growing necessity of the prospective student having in addition special preparation for the study of medicine, the Board of Trustees of the University of Pennsylvania recently announced their decision to raise the requirements for admission to its medical school. These requirements include two years of general college training and in addition a certain knowledge of biology, chemistry, and physics. According to the plan which has been adopted, the standard will be raised gradually, beginning with the academic year 1908-1909 and reaching the maximum 1910-1911.

—The Account Book devised by Dr. J. J. Taylor, Editor of The Medical Council, Philadelphia, is one of the most compact and serviceable in the market. In pocketbook form the entire account is carried so that there need never be any hesitation in answering—while on the road or visiting—"What is my account, Doctor?" It is a book of original entry and therefore available in court proceedings. No hieroglyphics, no shorthand, is splendid book for keeping accounts. Try it for one year and see if you don't like it.

—In the investigation of the State Hospital for the Insane located near Cleveland, a deplorable state of affairs was brought to the light. One of the local papers published a fine article, being an interview with our homeopathic friend and doctor, Maurice C. Ashley, Superintendent of the Middletown (New York) Asylum, detailing his manner of treating mental invalids. Needless to say, Dr. Ashley's methods were (and are) most commendable. Unhappily politics governs in our State medical institutions, and the Legislature is painfully niggard in providing for proper medical superintendents and intelligent and humane attendants.

—Dr. Nathaniel Emmons Paine and Miss Martha Lee Gilmor were married in New York City on February 14 last. Our congratulations herewith.

—Current Events in February number of *Progress* by James P. Willard, M. D., is one of the finest collections of general and medical news that has ever appeared in this journal. In other ways, too, *Progress* has made progress. But, alas, its beautiful cover page, one of the prettiest in the homeopathic field, has "passed on."

—You have all probably seen the Postal Cerate Company's latest ad. in the daily press, which seeks to exploit "Elijah's Manna"; and perhaps like a few of us who still remember our early Sunday school lessons you wonder *when* Elijah got any manna. Sir?

—A few days since by order of the Cleveland Board of Health a young man in good health, who had come within the quarantine radius of a diphtheria-infected house, was required to take an immunizing dose of antitoxine. The immunizing process proved to be a howling success. He will not now take diphtheria. In one-half hour he was dead! The Board members insisted upon this immunizing dose for all who had been exposed. Wasn't that a pretty high-handed affair? It is usually bad enough to insist upon a dose for those who have diphtheria; but to strain this rule to include all those who had been near a diphtheria case is a pretty large-sized invasion of a man's personal rights. What did the Board officials say? Oh, they found that the young man

was a sufferer from some obscure lymphatic disease. They didn't find this, however, until the newspapers began to ask pertinent questions. (*Medical Advance* and *Homeopathic Recorder* please copy.)

—From Dr. Burford's well-written description of his visit to the land of the "stars and stripes"—and who but an enthusiastic Englishman would think of referring to the United States as the land of the "stars and stripes"?—we learn that even our great American apathy in matters Homeopathic has touched the profession England. So that the prevalent indifference in America was not primarily because of the poor homeopathy taught in its colleges,—there being no homeopathic colleges in all England. Dr. Burford seems to think it comes from the individual indifference of the profession. Might it not result from the absence of specially overreaching great men like Burnett, Dudgeon, and Hughes? The present generation of homeopaths are all of so nearly the same caliber and stature that there is no competition or ambition to do better. He makes a novel recommendation, namely, that young homeopaths be put into different places in England and supported there by the general profession until able to take care of themselves. How does that strike the average American? "Ten years ago the members of the British Homeopathic Society resident in the British Islands numbered 205. To-day they total some 190. The proportion to population a decade back was one to 150,000; in the present year, one to 180,000." He says that "the introduction of antiseptic surgery has turned the attack, and saved the allopathic situation." Dr. Burford has prepared a very interesting pamphlet and we hope it will be properly received by his professional brethren; and that there may arise such a new spirit in Homeopathy as to surprise even him, this genial Dr. Burford.

—The Metropolitan Hospital, New York City, offers unusual opportunities for clinical research and practical experience in treatment. Its 1300 beds provide abundant material for study in all departments, Medical, Surgical, Pathological, Gynecological, Genito-urinary, Obstetrical, and Pediatric.

Examination of candidates for the twelve vacancies on the Interne Staff, which will occur during the current year, will be conducted at the Hospital on Friday April 5, 1907, commencing at 10 A. M. The service is for twelve or eighteen months, divided between medical and surgical departments, and entitles the graduate to the diploma of the Hospital. Application should be addressed to Edward P. Swift, M. D., No. 170 West 88th Street, New York, Chairman of the Examining Committee, and should be accompanied by three letters of reference.

—What a pity that so rational a writer and so upright and honorable a man as Mark Twain has

always been should now descend to the petty advertisement of spotless white outer garments, shoes, and hat while moving about either in the halls of Congress or among his many friends. Surely his reputation is established above the need of this bit of eccentricity. And for that same reason he might have kept his pen out of the Christian Science controversy. What can he possibly gain by either act save to engender the belief that, being past the scriptural three-score-and-ten, he is losing his grip on his former adamantine common sense?

—We hear with much sorrow of the illness of our near neighbor and brother Dr. C. E. Sawyer of Marion, Ohio, who is down with multiple neuritis. We send to him our best wishes for his early restoration to rubicund health.

—Dr. H. E. Beebe, of Sidney, Ohio, homeopathic member and ex-president of the Ohio State Medical Registration and Examination Board, gave two lectures upon *Materia Medica* before the students of the Cleveland Homeopathic Medical College, February 19 and 20 last, both whereof were of fine composition and splendidly delivered.

—We learn with deepest regret of the death of the mother of Dr. Edward Beecher Hooker, President of the American Institute of Homeopathy, which occurred but recently. We tender Dr. Hooker our deepest and sincerest condolences and sympathies. His sainted parent had reached the post-scriptural age of eighty-five, and her passing on was possibly and hopefully but the transition spoken of in Longfellow's *Resignation*.

—"An Open Letter" by Dr. John L. Moffatt, Editor of *The Homeopathic Eye, Ear, and Throat Journal*, and appearing as an editorial in his journal, is addressed in duplicate to James Peter Warbasse, M. D., Editor, *New York State Journal of Medicine*, and has reference to the campaign now waged by the old school against the Homeopaths and Eclectics in an effort to destroy the Three-Board Examination and Registration System of New York, and substitute the single mixed Board. Dr. Moffatt attacks the Old School position in a masterly way; he challenges the alleged facts set forth by our ancient enemy; he quotes the number of hospitals, dispensaries, colleges, local, state, and national societies; calls prominent men and homeopaths by name and public position, and asks if this array points to the death or imminent decadence of Homeopathy as asseverated by Dr. Warbasse. We are interested to know whether the Old School followed its usual tactics, of ignoring the Letter of Protest, and if they did not, what was their answer. Will Dr. Moffatt report later?

—Under the administration of President Staples the Cleveland Homeopathic Medical Society

promises to continue the success inaugurated and carried on for several years by Dr. W. H. Phillips, now ex-President. At the February meeting, with President Staples in the chair, a number of excellent papers were presented and discussed. Dr. W. T. Miller spoke of three clinical cases, one of which, a most interesting one, was a case of recurrent appendicular abscess; another was that of an enormous fibroid tumor which involved both tubes and ovaries.

Dr. W. H. Loomis had a case of tuberculosis with a very mysterious rash, which, upon discussion, was cleared up.

Dr. W. H. Phillips had a peculiar case of secondary manifestations of growths on the vocal cords with hoarseness and intense dyspnea. The patient had been operated upon two years ago but is still wearing the tracheotomy tube. He had been under large doses of the crude iodide but this caused great edema of the vocal cords, so it was stopped and the edema disappeared. It was a peculiar idiosyncrasy. Kali iod. 3x was substituted but without effect, and the same with iodine 30th. It is expected that the irritation will go down soon, when they will dilate with bougies.

Dr. J. D. Parker of Sandusky had a paper on ecchinea. He uses this drug hypodermically in septic cases 10 to 30 drops of the tincture—in all kinds of septic cases.

Dr. J. T. Carter uses this drug a great deal in typhoid fever. Dr. Loomis has had cases in which he could not use the drug on account of the intense dyspnea it produces.

Dr. C. A. Hall had an interesting paper describing a case of prostatic surgery; this was in the form of a clinical case and was one of the features of the evening.

Following this the officers turned the meeting into a smoker, and the evening sped along most enjoyably.

—In determining the cause of a post-operative fever, never fail to look at the throat.

—Dr. Robert J. Ferguson of 29 College Street, New Haven, Conn., announces that he has retired from general practice and will confine his practice to diseases of the eye, ear, nose, and pharynx exclusively.

—Dr. J. C. Wood of Cleveland has been browsing around the East resting and studying, preparing himself for his arduous duties at home.

—The *Century Magazine* which has been coming to us for so many years that we have clean forgot their number, is as fresh and interesting to-day as when we were young and fresh. Many improvements have been made in this serial. Only a little while back, in looking over our old files of this magazine for something, we entered upon that era when half-tone engravings

had not yet been discovered, and automobiles were not known except as horseless carriages. And neither of these eras was so far back either. It only goes to show how this American country is progressing. The March number is called the Garden Number and its papers on that subject will attract the lover of Nature and of Nature's sweetest and purest gifts. The scenes taken from Charleston, one picture whereof is done in colors, are most ravishing, especially at this hour of writing, in a northern ice-bound city, in the arms of zero weather. Another color plate is the frontispiece presenting "Madam Butterfly" painted by Ivanowski. This is a beauty study by Blanche Bates. The excellent engraving of Luther Burbank, the wizard of fruits and plants, as Edison used to be called the wizard of Menlo Park (electricity) shows forth a fine, keen, interesting, and most lovable face. The paper accompanying the portrait by de Vries is charmingly composed and reads well. All kinds of gardens are brought to the reader's view; we have Persian Gardens, Workingmen's Gardens in France,—and, by the bye, did you ever know a Frenchman who didn't love flowers?—Charleston Gardens, and An Old Garden. The papers are very timely and will give impetus to many a woman and man to do something with that little wire-grass-grown plot back of the house, thus rendering it a breathing spot of a warm evening. We knew of a young couple, who upon the conclusion of their wedding trip, rented a small house in a city where the back yard was thoroughly done in ashes and cinders. When the angel of the Lord whispered his message to the young wife, the twain—husband and wife—began to work on this cinder in-filling, had it top-dressed with good ground, and then laid out a little garden of flowers with a path running down the center. Of an evening the happy pair meandered up and down the little pathway and talked of such things as Love is made of; they eventually agreed that if the promise became flesh, and proved to be a son, he should have the right side of the garden, and if a daughter, she would have the left side. Most marvelously two great, big corn-stalks grew up at the end of the path, one on each side, without planting, and they were named Gog and Magog. And so the summer and fall was spent until the rightful heir came and proved to be a son. Wasn't that a happy conceit; and can you not readily fancy how they spent the evenings and mornings and Sundays in that newer Valley of Rasselas—waiting for the consummation of God's promise? "Poe's Cottage at Fordham" is an etching that makes one think, with a goose-fleshy shudder, of some of his weird stories—possibly The Raven, or the Murders of la Rue Morgue. Taken altogether the March number is a fine one. Its every page breathes the soft and balmy, spiceladen air of the oncoming Spring.

—We note that one of our American chemical firms is falling into the Farmers' Monthly jour-

nal habit of publishing a few weather-dried articles on how to feed cattle with corn in the ear, how to dock horses and mules' tails, how to make forty-cent creamery butter out of oleomargarine; but with all the rest, residue and remainder of the "journal" given over to dastardly, dirty clap-trap medical and other advertisements. This chemical firm seems to have bought up a whole issue of an alleged medical journal published in Paris, and having heavily foot-noted every page with two of its proprietary medicine advertisements, has had that issue mailed from Paris, under a French stamp, to each American doctor whose name the American chemical firm happened to have. This is a rather cheap advertising trick for an established American advertiser to resort to. The receiving of a French medical journal, which has been palpably bought up or subsidized to the uses of an American firm, by an American physician, may deceive him for a few moments; but after the foreign stamp has been detached by his stamp-collecting son or daughter, the "journal" drops into the wastepaper basket with the historic dull thud as a fraud or a quack advertisement, having created a distinctly unfavorable impression upon the receiving physician. The American chemical firm will get far better results from direct and American advertisement of its wares—which are really excellent—than from engaging in this makeshift foreign journal fake. The American physician no longer kotows to everything coming from France or Germany.

—Upon a day recently past a pleasant appearing gentleman asked for a moment's time, and being so accommodated, handed us two lead pencils on which were stamped (instead of the usual perfunctory legend), "Dr. H. H. von Lackum, representing Buffalo Lithia Water." This done he said he had nothing to hawk or sell but would let the fame of the water speak for itself. Now, that man knew his business; he knew how to enter the professional office and heart; he made a distinctly favorable impression; he said not a word too much, nor did he leave one unsaid; when he comes again he will be just as welcome. We know of two other firms who pursue similar brief and pleasant policies, viz: Mellin's Food, and Antiphlogistine. How much better so, than to worm a way into the physician's private office, during office hours, and then fill his table with bottles and more bottles, accompanied by a flawless, glibsome gasoline-torch, street-corner explanation, which bores one to death and destroys the former good report of the article hawked and vended.

The American Physician.

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The American Physician

APRIL, 1907

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

FROM *Red Cross Notes* we clip the two following articles which we believe will be of interest to our readers:

"The opinion generally held, is that bacteria tend to die out rapidly in clean water, this being supposed to be due to the unfavorable conditions, such as the absence of proper nutriment and the presence of hardier water bacteria. Konradi has recently shown that even pure water is an excellent medium for many disease-producing organisms, and that in the long run it is they which survive and the water bacteria which succumb, and that disease organisms live longer in pure than in polluted water. He found that the typhoid bacillus would live in ordinary kept water for nearly five hundred days. Sterilized water was also found to be a good medium for the preservation of anthrax bacillus and for the typhoid bacillus. According to his conclusions, typhoid bacilli living and virulent, may live over a year in clean water and proceed to multiply under favorable conditions."

"Doderlein states that in five thousand tests he found that even where gloves, masks, and other modern devices to insure asepsis had been used, the bacteriological findings were always positive. The folds in rubber sheeting, rubber rings on phials, etc., are all liable to harbor germs in large numbers, even after supposed complete disinfection. The patient's own skin is a continual source of germs, notwithstanding the most careful preliminary disinfection."

* * *

FOR several years we have been hearing of the danger in drinking water because of the germs, which, inhabiting bad or foul water, produce typhoid fever. Cleveland had so great a scare some two years back that the pretty lake water was pretty generally tabooed in the interests of several local waters well advertised and nicely bottled. And the fact that a number of us physicians, who would not bow down to the patented waters, drank and recommended to be drank the ordinary lake water, caused us to be looked upon as the crankiest kind of cranks.

Now it seems that even the best of waters cannot rid itself of the germs and that the typhoid bacillus will live in ordinary water five hundred days! Sterilized water was found to be an equally good breeding and living ground for this bacillus. What next in the fever germ line? Evidently it doesn't make any difference whether we drink sewage-infected water or the nicest and most costly sterilized water, we are bound to get the typhoid germs and necessarily, of course, typhoid fever. Sir?

* * *

AND the second case is like unto the first. There seems to be no need of all the modern hospital machinery to kill the germs or to prevent their getting into the theater of operations. Perhaps some day Lawson Tait's ideas of cleanliness and his utter ridicule of and disbelief in surgical folderol will come into play once more, with his fair percentage of recoveries. Pity that the profession, almost as a whole, has gone so germ-mad that it has taken leave of its ordinary good sense which dominates in all other circumstances of life. The germ theory is far from explaining the cause and origin of disease. Those of us who are spared for another decade of activity will find that some other nebulous hypothesis will take the place of the present germ theory. Then what will the laboratory experts do?

* * *

FROM the N. Y. Med. Jour. we learn that "Kime believes that the best light for the treatment of disease is the sunlight. In the treatment of lupus, superficial ulcers, chronic skin affections, etc., he uses a lens six inches in diameter, hollow, and backed with blue glass; mounted so that it may be adjusted to any position. The light is thus focused directly upon the point to be treated. An hour or more daily application of this light will be quite successful in the treatment of parasitic diseases of the skin. In pulmonary tuberculosis the light is obtained by a concave reflector thirty-six inches in diameter,

overlaid with blue glass. This focuses a strong blue light upon the bare chest for two hours each day. Patients thus treated respond more quickly and in addition to other necessary remedies a greater percentage of recoveries are obtained."

* * *

THIS seems to be an answer to our frequent queries recently whether the time would ever come when the X-ray would be found sufficiently safe to be applied in any of the many present usages to the human body without destroying tissue or taking life. There have been so many forms of accidents reported with the X-ray in the past few years that it had become a question in the minds of many doctors if the ray was ever to be of any practical value. Valuable machines were being shouldered out of offices and the medical junk shops and supplies stores found themselves burdened with a lot of white elephants. Quite recently one of the most eminent men in the homeopathic profession and as well a famous and skillful operator in electricity, found himself defendant in a suit for \$10,000 for an X-ray burn. Now comes this man Kime, evidently a great man, else he would not be quoted in such brief, summary, and untitled fashion, who asks us all to become sun-worshippers. At last it will become possible for a great slather of doctors, of the ordinary \$2 a day kind, to become specialists without investing in 56-inch cartwheels, or Rub-a-dub coils, galvanic and faradic batteries, or the other electrical machinery, all whereof cost big money, to say nothing of the preliminary tutelage to learn the use of these electrical devices; it will now be both cheap and easy. All the paraphernalia necessary will be several sizes of lenses with blue backgrounds and—the sun. Voilà! All things come to him who waits—and having waited we now rejoice in the early rehabilitation of ourself and our office as a Sunlight Specialist. Genl. Pleasanton evidently wasn't so far off after all with his blue-glass theory.

* * *

THE *Homeopathic World* (London) appears with its January number title page embellished by the name of Dr. Charles E. Wheeler who now becomes associate editor with our good brother Dr. J. H. Clarke. Dr. Clarke in presenting him to his readers does him "noble" and gives him a fine "send off"; there seems to be every reason to believe that Dr. Wheeler will be able

to hold up his end of the line with neatness and despatch. We welcome him to the editorial fold with glad hands and loving hearts. We have long wondered how Brer. Clarke could carry along his many literary ventures and not get some of them scorched. He is an indefatigable workman and his work always rings true. It bears the hallmark of Homeopathy.

* * *

NOT talking about printers' errors at this moment, we want to call attention to the following choice morceau which we culled from the pages of one of our first-class homeopathic journals: "Dr. J. H. Wood, San Francisco, has removed to the Morson, 1386 Sutter St." After studying on this bit of fine proof-reading, we translated the cryptogram thus: "Dr. J. W. Ward, San Francisco, has removed to The Maison, 1386 Sutter St." Quite some little resemblance in the non-resemblance. But how could an ordinary, intelligent printer get so fearfully "balled up"; or was it one of the numerous associate editors who didn't know Ward from Wood?

* * *

THE membership of the Institute has no occasion to be distrustful of the success of the next annual meeting of the American Institute of Homeopathy in the Jamestown Exposition. Everything is being done to assure the completest happiness and success to each attending member and his wife. The railway facilities will be exploited at an early day so that no trouble may be experienced in reaching this meeting from every part of the land. Look at your map and note what a splendid place it is as to location; right in the heart of the most lovely as well as historic county; surrounded by the best and most enthusiastic people. It has many novelties to present which the Institute has never had in all its long years of existence. A heroic effort will be made to get the press interested and advertise it extensively before, during, and after the sessions.

—*Personal*.—Dr. Kraft is neither dead, paralyzed, helpless, nor bedfast. An injury received some months since made it advisable to refrain for the time from outside work; but with the exception of a month at Mt. Clemens, and a fortnight in bed at the beginning, he has been in his office every day working professionally, editorially, and in general literature. He will be at Jamestown.

Negative Electricity and its Analogues: Sulphur, the Negative Element of Matter, and Ozone, the Negative Element of the Atmosphere.*

BY WM. LAWRENCE WOODRUFF, M. D., LONG BEACH, CAL.

Accepting as demonstrated fact the electronic theory of matter as voiced by such men as Sir Oliver Lodge, Principal of Birmingham University, Birmingham, England; Ernest Rutherford of Montreal; Prof. J. J. Thomson of Cambridge, England, who has just received the 1906 award of the Nobel Prize of forty thousand dollars for his work on the electron, Prof. Larmor, and Prof. Lenard of Germany, who last year was awarded the Nobel Prize of forty thousand dollars for his work herein quoted, and many others, I will endeavor to prove by analogy that sulphur is the one element of matter whose atoms are composed only of negative electrons, and that, if it should be proven that the sulphur atom does contain a few positive electrons, they are so few in number as to exert no control over the vibrations of the great mass of negative electrons that make up its atoms. Also, to show that ozone is simply the oxygen atom in the atmosphere that has come in contact with masses of negative electrons and for the time has been overpowered by them, thus liberating the electrons and letting them run riot, making of them a force without control which we know as ozone; and furthermore, that after the oxygen atom passes from under the control of the mass of negative electricity it resumes all its former properties, the positive electrons resume their sway and control the vibrations of the negative electrons as is their wont, and it is once more oxygen.

To the electro-chemist I will leave the proving or disproving of these points. I have neither the training nor the delicate instruments necessary to accomplish this. Only as a practical observing physician, watching the practically identical therapeutic action of these three agents on the human system, have I arrived at the above conclusions; testing them by the electronic theory and its logical outgrowth, the theory of electronic atomic cell vibration, as evolved and set forth by myself in previous papers.

Thinking that it might be of interest to my readers to follow the processes of reasoning and

the facts that have led me to the foregoing conclusions, I will endeavor to give them in detail:

The electronic theory teaches that the atoms of all matter are composed of numerous electrons that are at all times in a constant state of motion or vibration; that the electron is the electrical unit and that the negative electrons are greatly in excess of the positive; but that the positive electron controls the vibrations of the negative ones and holds them within the atom. Carrying the above to its ultimate and logical conclusion, I have evolved the theory of electronic atomic cell vibration as the basis and only explanation of organic life. The electron in the atom and the atom in the cell, and all in constant vibration, is, on the material side, the life of the cell; for, as this theory teaches that the violent vibration of the electron in the atom creates magnetism, so the vibration of the electron in the atom and that of the atom in the cell must create a magnetism peculiar to the cell or group of cells called organs and tissues, and by this means endows them with that power of attraction and repulsion which enables them to attract their normal food elements and to repel the elements they do not need. This explains the power of cell attraction and selection that we have so long recognized but for which we could offer no satisfactory explanation.

In studying the above theories, I was impressed by the numerical predominance of the negative electrons within the atom and their being held within bounds by the much smaller number of positive electrons.

The thought came to me, what would happen if these positive electrons should be for a time overpowered or their control suspended for a stated period? There was but one thing that could happen; the negative electrons would have their liberty, would run riot, would go off at a tangent, and would become, literally, a force without control. Then the question was: Is it possible to separate the negative from the positive electrons? Is it possible to have a mass of negative electrons only, entirely free from the positive electrons and their control? Prof. Lenard of Germany answered this question by putting an aluminum window in a Crookes tube through which the cathode rays streamed like sunlight through an ordinary window. This enabled him to determine that the cathode rays streaming from the negative pole or disk were composed of negative electrons alone, and that they were traveling at the riotous pace of 50,000 miles per

* Read before the Los Angeles County Homeopathic Medical Society, January, 1907.

second. This proved two things: First, that the current flowing from the negative pole of the electrical machine to the negative disk of the tube was carrying only negative electrons; and, secondly, that they were without control and were traveling at a riotous pace.

It was but a short step from the above to the conclusion that, if this negative vibrating current was turned into the human body, it would still maintain the same general characteristics, and this we found by experiment to be a fact. We found that a treatment from the negative pole of the static electrical machine was a positive stimulant; and that, for the time being, so long as the negative electrons held sway, they overpowered the positive electrons in the atoms of all the cells in the body; that they set them running riot; that they became a force without control and consequently a power for great good or an infinite amount of harm, according to the method and time of use. Functional activity throughout the whole body was greatly increased; stimulation of the whole nervous system was very perceptible and sometimes produced unbearable irritation if continued too long or when unadvisably used; and this was equally true of the circulation of the blood. I quickly learned that this negative element called for the exercise of great caution and good judgment in its use, and that it was best to profit by nature's example and always leave the positive electrons in control. To accomplish this, I follow a treatment from the negative pole by at once giving a treatment from the positive pole. The first treatment for the time being overpowers the positive electrons in the cells of the body by sheer force of numbers, and electronic atomic cell vibration runs riot. It is the greatest general stimulant nature has provided for organic life. Its use should be immediately followed by a treatment from the positive pole; which, in turn, overpowers the riotous negative electrons and leaves the positive electrons in control, which is the normal condition.

In observing the action of the vibrating current from the negative pole on the human body, I was impressed by the similarity of the results produced to the therapeutic action of sulphur and ozone. They are practically identical, as we will later show.

Taking up ozone first, as I could generate it at will and so could better study it, I found that it was a product of the negative current. All

authorities agree that ozone is concentrated oxygen, and that "there is a marked difference between the properties of oxygen and ozone, yet ozone materially considered is oxygen and nothing but oxygen; that oxygen and ozone are made up of the same kind of matter since each is transferable into the other. The real difference in the properties of oxygen and ozone is due to the different amounts of intrinsic energy present in their molecules. There is more intrinsic energy present in the molecules of ozone than in the molecules of oxygen. As we would expect, ozone is the more active chemically, and contains the larger amount of intrinsic energy."—*Prof. Jones, "Principles of Inorganic Chemistry."*

I fail to see by any process of reasoning or to discover by any experiments given, how, by simple concentration or condensation, oxygen can take on this increased intrinsic energy, or these other acrid, irritating active properties which we know to belong to ozone.

A study of the electronic theory readily explains this phenomenon. Especially did this become clear when we make a comparative study of the therapeutic action of sulphur and ozone, and we are brought to the conclusion that ozone is the negative element of the atmosphere. In studying the production of ozone by my static electrical machine and keeping in mind the action of the negative electrons and results following their use, I arrived at the conclusion that ozone is the normal oxygen atom, brought in contact with a body of negative electrons which for the time being overpowers the positive electrons. This sets free the negative electrons from their normal natural control, and for the time being this oxygen atom loses its identity and becomes simply a negative element with all the characteristics of the other negative forces, and we know it as ozone with all its peculiar properties and characteristics. As soon as the oxygen atom passes beyond the control of the body of negative electrons it ceases to be ozone and resumes all its former properties and is once again oxygen; for the positive electrons have resumed their sway and it is its old orderly self once more. Humboldt conceived the idea that the presence of ozone was owing to an unusual amount of negative electricity in the atmosphere. If it has not already been so determined, the electronic theory would warrant us in the belief that lightning is simply a mass of negative electricity running riot, going off at a tangent, a force without

control flying towards the earth which is the positive element. A study of the static spark would confirm this belief. The greatest producer of ozone is lightning. In its travel through the atmosphere, it comes in contact with oxygen atoms, overpowers the controlling positive electrons, which for the time being liberates the negative electrons, thus forming the ozone that is so prevalent during electrical storms. The same phenomenon is produced in miniature by the static spark.

What we know as ozone the ancients called sulphur fumes, and the thunderbolt was regarded as the product of fire and brimstone. Homer repeatedly refers to objects that were struck by lightning as having the smell of smoking sulphur. In the Iliad lightning is represented as a flame of burning sulphur striking a ship. The Prophet Isaiah in speaking of lightning says, "The breath of the Lord is like a stream of brimstone." This was entirely excusable, as the odor of sulphur fumes is identical with that of ozone. They both are pungent, acrid, and irritating to mucous membranes if too strong. They have the same smell and taste; their action as a deodorant germicide and antiseptic is the same; they are equally destructive to all fungi and microscopic life of every kind; they are great purifiers and deodorants; they have the same bleaching properties. Therapeutically they act on the same general lines, and, as an inhalant, ozone corrects the same general septic conditions that the sulphur compounds have long been recognized as controlling. They can, in these conditions, be used, one or the other, as convenience dictates, with the same general results, and can always be depended upon.

With these facts before us I naturally took up the study of sulphur and was immediately impressed with the similarity of its action, in a therapeutic sense, to that of the vibrations given off from the negative pole of the static electrical machine. Their action was identical, as I will presently show, and I soon arrived at the conclusion that before the last word was said it would be ascertained that the sulphur atom was composed only of negative electrons; or if it should be determined that there were a few positive electrons present they would be found relatively so few in number as to be of no moment in controlling the vibrations within the sulphur atom.

In studying the properties of sulphur these things become apparent: It is the base of the most

active of acids and the one most destructive to all organic life; as an antiseptic and germicide, it has but one equal, and that is ozone. Its fumes are destructive to all organic life, its use in the arts and sciences and everywhere else bears out the claim that it is a force without control, an element running riot; matter going off at a tangent. And this is literally true. It is the personification of negative electrons let loose. It has always, and in its every sphere of usefulness, the same story. No matter in what combination we find it, we there find its yellow head, pungent breath, and acrid, nauseating taste. Like Banquo's ghost it will not down, but always bobs up serenely. In every one of its compounds, no matter how disguised, it is easy of recognition. What think you? Was it an accident or was it an instance of revealed scientific fact that brimstone was selected as the one element out of the whole universe to typify the force that is without control, matter running riot, constantly at a tangent, and that is expressed by the words eternal punishment? Therapeutically sulphur retains these peculiarities, as we will show.

Burt says: "Through the great vegetative nervous system sulphur acts upon every organ and tissue in the body."

Boericke: "Sulphur causes inertia and relaxation of fiber. Hence feebleness of tone characterizes its symptoms. When carefully selected remedies fail to act, it frequently arouses the reactionary powers of the organism; also in complaints that relax."

Nash: "When seemingly indicated remedies do not cure, use sulphur."

Farrington: "It may be assumed that, as a general characteristic, sulphur causes congestion to all parts, and as a reactionary agent it frequently serves to arouse the reactive powers of the system when the carefully selected remedies have failed to produce a favorable effect."

The keynote of sulphur is, it stirs things up; its fumes are pungent, irritating and active; its acids are the deepest acting, the most corrosive, the most destructive to tissue and even to life itself; its every symptom points to its activity and indicates its stirring up qualities. Right here is one of the most positive proofs of the law of similars we are likely ever to find, when we observe that sulphur, the negative element of the universe, composed only of negative electrons, is nature's greatest of cell stimulants. All cells contain their atoms of sulphur, these negative sul-

phur atoms always acting with violence, always a force without control, going off at a tangent. See how the electronic theory and the theory of electronic atomic cell vibration so fully explain and prove scientifically the basic principle of the Homeopathic law of similars! Boericke says that sulphur in large doses causes inertia and relaxation of fiber; hence feebleness and lack of tone. Over-stimulation always means that feebleness and relaxation are bound to follow. The riotous sulphur atoms, if given too freely or for too long a time, over-stimulate all the cells of the body, thus causing them to lose tone; and we have, as a consequence, inertia and relaxation as the keynote to all the symptoms that indicate the use of sulphur; and we know by long experience that it is when these conditions are present and in this class of cases, that sulphur has proven its great worth.

Cowperthwaite says of sulphur: "It affects profoundly the entire vegetative sphere, penetrating deeply every recess of the human body; precisely how this mighty agent operates, and exactly the channel through which it produces its wonderful changes in organic and functional life may not be definitely known, yet the effects of these operations are ever before us and offer conclusive evidence as to the character of the remedy in its general constitutional action."

It is only through a full understanding of the theory of electronic atomic cell vibration that the action of sulphur can be explained. The full explanation only comes when we recognize it as the negative element, and this is just what it is. It is the one element in the universe of matter whose atoms are composed wholly and only of negative electrons, always behaving like a turbulent mob, always in violent vibration and without any controlling force. This is the key to its whole sphere of action and it thus supplies the explanation for its every symptom.

The sulphur atom is always found in the albuminoids and through them enters especially into the life of all young cells, which thus become the physical basis of muscle, nerve, connective, and mucous tissue; and so it is readily seen that if there be a deficiency of sulphur atoms in the system or cell, its functional activity will be sluggish because of sluggish cell vibration and a low magnetic field; and we also see how impossible it would be to arouse it if the normal sulphur atoms were not present, and that by adding the riotous sulphur atoms with their vibrations acting

continuously as though without law, how it would stimulate cell vibration, arouse it to new life and create the normal magnetic field which was lacking; and that after this stimulation was accomplished the cell or the mass of cells would again attract the normal atomic elements; which means normal function and a rapid restoration of health.

When we, as a profession, fully realize that any substance that becomes a part of organic life must be divided into sufficiently small particles to be appropriated by the individual cell before it can influence the life processes for good, then we shall cease to use crude, inorganic substances with the view of obtaining this influence. Sulphur serves to illustrate this point. As a crude substance it is useless, and in every instance its atoms must be liberated so as to have room to act, that is, to vibrate. I know of no instance in medicine, mechanics, the arts, or sciences where this is not so, and the rule applies to all other elements or atomic groups. In effect, this is the philosophy of digestion. This is the purpose of the whole digestive act; namely, to break up, to triturate, to return the elements to their natural groups of atoms so they can be once again appropriated by the cell and organized into tissue.

Where is the common sense or logic in putting crude elements or groups of atoms, such, for example, as the iron preparations or the salts of lime or sulphur, into the stomach to be there triturated, subdivided, and put in condition for assimilation and appropriation by the cell, when it can be done much more certainly and with much less wear and tear of a much abused organ by mechanical trituration? The great mass of inorganic medicines put into the human system act only as an irritating body and pass through the alimentary canal as such, and are impossible of being appropriated by the cell because of their massiveness; the digestive processes not being able to break them up into their original atoms, which is necessary before the cell can attract and assimilate them.

The electronic theory logically leads up to the theory of atomic cell vibration. The electron in the atom, always in violent vibration, creates its own magnetic field. The component parts of the cell of all organic life are the natural elements or atomic groups in combination with the spiritual element we call life; and there is nothing else.

To illustrate: The blood contains, normally, all the material to form all the tissues of the body, and consists of water, sugar, fat, albumen, and

the inorganic substances, sodium, chlorine, calcium, fluorine, silica, iron, calcium, magnesium, and potassium, combined with phosphoric or carbonic acid. Water resolves itself into oxygen and hydrogen; fat and sugar into carbon, hydrogen, and oxygen; and albumen into carbon, oxygen, hydrogen, nitrogen, and sulphur.

The constituents entering into the individual cell, of whatever tissues, have more or less of these organic substances together with water, combined in the nerve cells with magnesium phosphate, potassium phosphate, soda, iron, calcium phosphate.

Muscle cells contain the same with the addition of potassium chloride; and so we could go on, if it were necessary, with all the tissues of the body. But this is sufficient to illustrate my point, namely, that all cells are composed of the natural elements or atomic groups, and of nothing else.

If electronic vibration is the life of the atom, the electronic atomic vibration must be the life of the cell and the mass of cells that make up the individual; and if an atom has its individual magnetic field, then the mass of atoms constituting the cell must have a magnetic field all its own, and the mass of cells making up the organ or tissue must also have a magnetic field peculiar to itself; and this magnetic field is the law of attraction that draws to the cell, organ, or tissue, the elements or groups of atoms that constitute its life. For, electronic atomic vibration is the life of the cell, and magnetism is the law of attraction or repulsion that draws to or repels from the cell the constituents of the blood.

This law of electronic atomic cell vibration I have fully set forth in previous writings. I have neither the time or space to repeat this work, but think I have gone into it sufficiently for a full comprehension of the subject.

In treating patients with the static current the positive pole is the one generally used, and with it electronic atomic cell vibration is completely within our control, so that it can be raised or lowered at will as seems desirable for the restoration of normal cell vibration.

I have found in using this agent, as I find in administering drugs, that the condition above described that indicates sulphur, makes its appearance; and that while, up to a certain point, steady progression is made towards the normal, this progress ceases and the case stands still. Now throw in your negative electrons—give a

treatment from the negative pole, and all is changed. The patient wakes up, electronic atomic vibration shows excessive activity, all functional activity is increased, the eliminating organs take on renewed activity, and improvement again commences and steadily progresses towards a cure. It is easy to observe its identity with the well-known action of sulphur.

This procedure should be used with great caution; for, while it is the most wonderful stimulant to all bodily functions and to all cell life, there is great possibility of over-stimulation, and great harm may be done if it is called into use when not fully indicated, or at too short intervals. I cannot lay too great stress on the extreme caution necessary in the use of this negative current. In every case a treatment from the negative pole should be at once followed by a treatment from the positive pole, so as to leave all vibration under control of the positive electrons. By letting loose this riotous negative element into the system the control of the positive electrons, for the time being, is overcome, and the negative electrons, liberated from this control, run riot and wonderful stimulation is the result. This is experienced by every cell, organ, and tissue of the organism, and an infinite amount of harm is possible if carried too far or allowed to go on too long, or if repeated at too short intervals, or when not fully indicated. This is the one and only place to use negative electricity; it is its one and only use without the risk of working great harm.

To restore electronic atomic cell vibration to the normal means restoration to health, and the static electrical machine is the only apparatus by which it can be done. Vibration, as I have shown, is the law of life. This could not have been determined previous to our being in possession of the electronic theory, and consequently all our text-books on electronic therapeutics fail to take cognizance of it, and make no distinction between the positive and the negative currents.

The therapeutic action of static electricity as it is too frequently employed is in the line of drawing sparks from different parts of the anatomy or creating a breeze from the head, which is usually the wrong end of the patient from which a grounding should be made, or in storing up electrons without knowledge as to which class of electrons may be indicated, or often without caring whether it be positive or negative electricity that is used. Out of this has grown up what is

known as the high-frequency treatment, which means high vibration and the storing up of electrons in the body. By these methods harm is done quite as frequently as good, and the reason becomes apparent when one understands the electronic theory and the theory of cell vibration. In drawing sparks from the body, all that is accomplished is an irritation of the parts with possible control of the local circulation and stimulation of muscular contractility. In using the high-frequency current, when the cell vibration of the person is not already too high it may be of some service in raising the cell vibration, but it is very much like a man trying to lift himself by his boot straps. It also stores up or fills one full of electrons indiscriminately when the patient probably has all the stored-up energy he can conveniently use, and more may act as a positive irritant and only increase discomfort. These are the reasons why it is so often that people say, "No electricity for me; it always aggravates me; it may be all right for other people but none of it for me. I have tried it to my injury."

If the theory of electronic atomic cell vibration is the law of life, if the electronic theory is true, then there is no limit to its application when used understandingly, it fits into the needs of everyone, regulating the life processes, and restores to normal health. The law of cell vibration means that the electronic current as a means to an end, must be to increase or decrease cell vibration. The vibrations of the electrical current must be gradually increased or gradually decreased in order to control and govern the cell vibration of the human body. If administered otherwise, it simply fills up or stores electricity in the body, and, as we have shown, this may not be always desirable. In fact, it may often act as a positive irritant. A stationary spark-gap or a given rate of speed will not regulate cell vibration. It only fills one full of electrons.

By centrifugal force the static electrical machine collects the electricity from the atmosphere and centrifugally segregates the negative from the positive electrons, throwing the positive to one side of the machine and the negative ones to the other side, thus making it possible to throw either positive or negative electrons into the body, as the case may require. To do this, place the patient on an insulated platform; bare the feet and place them in contact with a well-grounded foot-plate; place a strip of sheet lead down the back next the skin; connect this with the positive

pole by an insulated cord; open wide the spark-gap and start the machine at a moderate speed. Now gradually close the spark-gap until a spark is barely perceptible, and gradually increase the speed of the machine to, say, one thousand revolutions per minute. Somewhere on the gradually ascending scale of vibration, the vibrating current will become attuned to and will pick up the electronic cell vibration of the person under treatment and carry it on up to an estimated normal. If it is determined that the cell vibration is above the normal, reverse the whole procedure and the electronic atomic cell vibration of the person will be lowered.

If it is desirable to use the negative current, attach the cord to the negative pole and give a treatment just the same as if using the positive pole; but be sure to at once follow it with a treatment from the positive pole, so as to leave the positive element in control.

As to the therapeutic identity of ozone with these others of the trinity, tests made in the hospitals of Berlin, Germany, showed that it is effective as a curative agent in contagious diseases of all kinds, especially in malignant diphtheria and typhus.

Its action is immediate and intense and is especially directed to clearing the system of impurities; and is indicated with equal certainty in imperfect digestion and assimilation, defective and faulty innervation in diseases of imperfect oxidation of the blood. It also has a powerful action on the brain and spinal cord.

Drs. Languir and Fingeros of the French Medical Faculty have employed it in gangrene and specific ulcers with great success. Dr. Golden of St. Thomas' Hospital, London, highly recommends it in this same class of cases, both for internal use and as a local application.

Prof. Preger of Jena recommends it as *the* antidote for prussic acid poisoning, and in asphyxia caused by coal or sewer gas.

Dr. G. Herman Mempel of Boston says ozone enables the indicated medicines to do their part more effectively. It stirs up morbid processes, stimulates the nervous system, and is especially useful in the treatment of impairment and weakness of the nervous and muscular system. It exercises a restorative influence in convalescence after long and exhaustive illness, counteracting a tendency to relapse.

While the language is somewhat different in some instances, in others it is almost identical

with that used and quoted above regarding sulphur; and it will be readily seen that the general trend of its action is to stir things up and wake up the system.

My object in writing this paper is, first, to make a permanent place in the mind of the profession for the negative electrical current and to show its value as an agent in the cure of disease; and secondly, to open the way for investigation and invite discussion as to the truth or falsity of my position regarding the relation of sulphur and ozone to the negative electron.

Sulphur serves as an illustration of how the sciences of the age are coming forward with proof in support of the Hahnemannian law.

The electronic theory, and the theory of electronic atomic cell vibration as enunciated by myself, will be found in every case to prove the great grasp of that wonderful mind of Hahnemann, who, one hundred years before science could aid and support him, grasped and elaborated the great truths of Homeopathy as we know them. These theories offer an explanation of this law that is both logical and scientifically accurate.

Note.—Since the foregoing pages were written I have received from Dr. Albert J. Atkins of San Francisco a pamphlet entitled, "Electrical Energy as the Basis of Life's Activities"; the contents of which consist of a "Reprint from Transactions of International Congress of Medicine, Lisbon, Portugal, April 19-26, 1906; Section 11, Pages 140-150." In the pages of the pamphlet we are given an account of experiments made by Dr. Atkins and his associates in the search for evidence of the presence of electricity and magnetism in the human body, and the part played by them in the functions of the body and their control of human life. The results that are of interest to us may be found in the following extracts:

"By this series of experiments we have proven the living organism to be a vast electro-chemical battery, acting in accordance with known electrical laws, . . . in fact, the life principle is everywhere electrical in its action. . . . These forces of energy obey fixed laws; in every detail of their action and in every respect, these laws appear to be identical with those which govern the action of electricity and magnetism."

The experiments by which these conclusions were arrived at were ingeniously devised and skillfully executed, and their testimony is emi-

nently trustworthy. Not only so, but it is in complete harmony with the results arrived at by myself by the process of reasoning, based on the conclusions given to the world by the eminent students of the theories of atoms and electrons; and my deductions, which might have been met by the criticism that they were without other foundation than the result of logic and reason, have now this support of unquestionable fact and are prepared to invite the most searching criticism.

Clinical Cases.

BY E. W. BERRIDGE, M. D.

The following series of cases is designed to demonstrate the results which follow a strict adherence to the rules of homeopathy, as taught by Hahnemann; the chief of which are: (1) The most similar remedy, selected according to the symptoms of the individual patient, and not according to the name of the disease, or to pathological theories; (2) The single remedy, not a mixture or alternation of medicines; and (3) The minimum dose of the dynamized drug, not crude drugs, or unnecessarily repeated doses. To the younger members of our school I would say this: For forty years I have practiced homeopathy, strictly, to the best of my ability, according to the method of Hahnemann; and I have never once found his practical teachings to be erroneous.

Case.—*Cicuta virosa*.—1882, March 12. Mr. W., æt. sixty-five, had had much worry in April, 1881. This, with exposure to cold east winds, resulted in jaundice. He then consulted a homeopathic physician, who diagnosed prostatic disease, and gave him low potencies of unknown remedies in alternation, but without benefit. He then consulted another homeopathic physician, who prescribed a mixture of strychnia and two unknown remedies, in appreciable doses. No improvement following he resorted to allopathy.

On November 5, 1881, the jaundice having been thus suppressed, a new and more serious train of symptoms appeared. Involuntary jerking of feet came on, worse in right foot, disturbing sleep; this increased to absolute plunging of the right leg, to such an extent that the inguinal glands became swollen and painful; subsequently a rotatory motion of the body supervened, chiefly during sleep. His allopathic physician declared it must end in paralysis. Again he resorted to homeopathy, and once consulted the late Dr.

David Wilson, who prescribed kali carbonicum; but obtained only temporary relief.

On North 12, 1882, I visited him, and found him in the following condition: Much worse. More jerking of right leg, with a return of the plunging thereof, which for a time had ceased. Lateral shaking of the body, chiefly during sleep, but also at times when sitting up during night: the jerking of right leg was chiefly lateral, but also in other directions: sometimes left leg jerked laterally. Standing stopped all the jerking at once. All along, the convulsive movements have been worse at night, whether sitting or lying. The jerking of leg is relieved by rubbing spine, and by drawing up the legs: it commences during sleep, increasing till it wakes him: it now comes on also at times when sitting. Tender spot in middle of dorsal vertebræ.

Diagnosis of the Remedy.—This was undoubtedly a very difficult, as well as a very serious case. The fact that so acute an observer and so accurate a prescriber as my valued friend and colleague, Dr. David Wilson, had failed to discover the simillimum, augured ill for the result; nor was any medicine recorded in the *Materia Medica* or *Repertory* as having either produced or cured exactly such symptoms. But under "Rolling" I found the following (the numbers are those of the corresponding symptoms in Allen's Encyclopedia):—

Rolling in bed. Arsen. (2312, 2344). Merc. corr. (930). Stramon. (1413).

Rolling in bed during sleep. Thuja (3165).

Rolling as if faint and weak. Naja tripud. (456).

Rolling as if faint and weak while walking. Naja tripud. (489).

Rolling on ground. Cicuta vir. (472). Tarent. (758).

Rolling from side to side. Natr. carb. (not found; possibly a misprint).

Many symptoms are here associated which are only verbally similar. On comparing these with the rotatory motions of the body, one by one the remedies were eliminated until the simillimum was reached.

Arsen. was rejected from the absence of suffocation (2312); while (2344) describes merely a restless movement.

Merc. corr. was from a case of acute poisoning, the rolling being produced by the pains.

Thuja. This symptom is merely extreme restlessness.

Naja. These are expressions of weakness, not of convulsion.

Stramon. This complex symptom is not convulsive, but choreic; only one detail, "spine and whole body affected by spasmodic twisting," corresponded.

Tarentula. Excluded by the absence in the patient of relief from music, and the apoplectic symptoms.

Cicuta virosa alone remained; it has (343) "the limbs were tossed about hither and thither"; (344) "he tossed his limbs, now to one, now to the other side"; (345) "spasmodic distortion of the limbs, throwing himself to the distance of two feet"; (472) "falls to the earth and rolls about"; (384) "frequent involuntary jerking of lower limbs."

I dissolved a few globules from cicuta virosa 1 m. (Jenichen) in a tumbler of water, and prescribed a spoonful of the solution every two hours.

March 13, says the medicine acted "splendidly," and had done him "incomparably more good" than any other. He slept soon after the first dose, which was given at 12.20 P. M.; slept much during afternoon, and fairly so during the night; it has been the best sleep for a long time, with very little jerking, only one slight plunge, and no shaking of body. The medicine was now prescribed every three hours, and subsequently repeated at varying intervals as the symptoms indicated.

On March 17 the symptoms had nearly gone, and on March 24 had ceased: said that this last was the best night since his illness. The remedy had to be again repeated on a recurrence of the symptoms; but on April 9 they finally ceased, and were not followed by paralysis as the allopathic physician had predicted.

Comments.—I. This case was attended with great danger; and, unless treated scientifically, i. e., homeopathically, would have ended either in paralysis or in death from exhaustion. But the simillimum in high potency can overcome even the most acute disease, so long as neither the vitality is too low to react, nor the chief organs organically degenerated beyond possibility of repair: and even in such cases the simillimum gives the greatest amount of relief that is possible.

2. One of the first symptoms of improvement was more healthy sleep. This is always, and frequently the first, sign of commencing recovery.

3. The jaundice was only suppressed by the

allopathic treatment; and, as a result, the last state of that patient was worse than the first.

4. The relief to the convulsive movements by standing is a new symptom, and should be observed in other cases; it may prove a keynote for *cicuta virosa*.

Case 2.—*Phosphorus*. 1885, April 15. Mr. B., æt. fifty-five. Never was a strong boy. Father healthy, died æt. seventy. Mother died, æt. forty-nine, from overwork. Five healthy sisters; but one died from acute effects of catching cold. In 1856 had typhoid fever, treated allopathically. In 1865 had rheumatic fever, from which he recovered well under homeopathy. In 1884 had gastric fever, treated by a local homeopathic physician. He first consulted me on May 28, 1884, for dyspepsia, relieved by *carbo veg. cm.*, (F. C.); but he made no mention then of the "thirty years' war" which the sequelæ of typhoid had waged in his system. He now informed me that ever since the typhoid; if he lies on his left side he has desire for stool; and if he persists, a loose stool is the result. For some years also, at times, the stools have been thin in diameter, and very long. A few weeks ago he caught cold during cold weather in Boston, U. S. A. He has now a dry, hacking cough on entering the cold air; the cough shakes him. No sputa now, but at first yellow sweet sputa. During voyage to England, had much sweat on head; and cough was worse lying on back, better lying on right side. Feels weak.

Diagnosis of Remedy.—Diarrhea from lying on left side, *arnica*, *phosph.* (On right side *phos-ac.*; on either side, *bryon.*; on waking at 2 A. M., when lying on abdomen, *cupr-ac.*)

Stools long, narrow. *Alum*, *borax*, *caust.*, *cimex*, *graph.*, *hyos.*, *merc.*, *mur-ac.*, *natr-c.*, *phosp.*, *puls.*, *sep.*, *staph.*

Like dog's stool. *Cimex*, *phosph.*, *staph.*

Cough better lying on right side. *Ant-t.*, *arsen.*, *phosph.*, *thuja*. (*Phosph.* has also aggravation of cough from lying on right side or back.)

This comparison clearly pointed to *phosphorus*, which has also the remaining cough symptoms, and the sweat on head and weakness. (See 2357, 2372, 3228-96, 3902.) I dissolved a few globules of *phosph. cm.* (F. C.) in water, and prescribed a spoonful of the solution every four hours for eight days.

April 29.—Has had no medicine for about a week. Much better; cough almost gone; much stronger; can now lie, and even sleep, on left

side, without exciting the stool symptom. No medicine.

1886, February 11.—The abnormal desire for stool returned, for the first time, some weeks ago, and has persisted. Has also rather sharp frontal headache, commencing on waking; with the headache, mouth fills with saliva.

Diagnosis of the Remedy.—Flow of saliva with headache. *Amm-c.*, *ant-cr.*, *cinnab.*, *epiphegus* (viscid), *hippomanes*, *ignat.*, *iodium.*, *kali bichr.*, *magn-c.* (bloody), *opium*, *phosph.* (291, 298), *sepia*, *verat.*

The same remedy being again indicated, I prescribed *phosph. cm.* (F. C.) in water as before, a spoonful twice daily for eight days.

March 30.—Reports that the headache ceased soon after leaving my house. The stool symptom also ceased before he had finished the medicine; and when I next saw him, on May 8, it had not returned.

From this time he remained fairly well in health, having no occasion for my advice, till March 21, 1889, when he consulted me for a general breakdown from overwork, business worries, and heavy financial losses. The desire for stool when lying on the left side had lately returned at times, but never so badly as formerly. Also the stools were again thin in diameter, and very long; soft, but difficult to pass, had to press and squeeze abdomen and loins to assist the evacuation. He also had other, but non-characteristic, symptoms or dyspepsia. I prescribed one dose of *phosph. mm.* (Fincké). This speedily removed the unnatural urging to stool, and the evacuations became more consistent, better formed, and less difficult to pass: the other dyspeptic symptoms also improved. Whether *phosph.* would have completely cured, it is difficult to say, as a change of symptoms demanded *nux vomica*; and later he required *arsenicum* for an attack of the influenza epidemic.

Comments.—1. The efficacy of homeopathy is clearly demonstrated in this case, when a troublesome symptom which had lasted about thirty years after the unscientific treatment of typhoid, evidently showing serious lesion of the intestinal canal, was rapidly cured by a few doses of a high potency of the *simillimum*; not returning for about three years, and then only under very unfavorable conditions, and again quickly cured.

2. The especial use of keynotes is also shown. These peculiar and characteristic symptoms, belonging to but few remedies, are not to be relied

upon by themselves as infallible and exclusive; but they are invaluable as guides to covering the totality of the symptoms; and where the other symptoms are vague, or common to a large number of remedies, they alone will rule.

3. Phosph. was also indicated by a past symptom. *Ceteris paribus*, the later symptoms are of more diagnostic value in the selection of the remedy than the earlier; but these latter must not be ignored, and where the later symptoms are not characteristic, they may decide the choice. Moreover, the essence of Hahnemann's doctrine of the treatment of chronic disease is, that the simillimum is a remedy which is homeopathic, not only to the present, but also to the past symptoms; and this remains true, whether we accept Hahnemann's threefold division as complete or as insufficient.

4. The value of clinical observations is also proved. The characteristic stool symptoms have not yet been produced either by arnica or phosph.: they are, at present, clinical only. But such are often absolutely indispensable to fill the lacunæ in our materia medica, until further provings produce them as pathogenetic. Yet they should be used with caution. It does not follow that because a symptom disappears under the action of a remedy, that it has been cured by the direct homeopathic action thereof; as Hahnemann teaches in the note to section 67 of the Organon. A remedy may, without being homeopathic to the totality of symptoms, be so far homeopathic as to remove a large number under the law of similars; then, the chain being broken, a few remaining links may drop off spontaneously, the organism being now sufficiently relieved for the *vis medicatrix naturæ* to complete the work. Hence clinical, far more than pathogenetic, symptoms require frequent verifications, under diverse circumstances, before they can be safely relied upon in the selection of the simillimum.

5. The uselessness of pathology, as a guide to the remedy, is here also evidenced. What pathologist could declare with certainty the exact nature of the intestinal lesion which must have here existed? And if he could, how could he distinguish pathologically the difference between arnica and phosph., which have both cured the same symptom? The true "method of Hahnemann" is that of the selection of the remedy by symptom-similarity; and to accomplish this satisfactorily, we must habitually use the Repertory and the Materia Medica, consulting them in the presence of our patients; and, if need be, questioning them from the symptoms recorded therein. Our armamentarium is too vast to be carried in the head of any of us, even were he a Boenninghausen, a Hering, a Lippe, or a David Wilson.

Hysteria or Malingering of a Girl of Ten Years.

FLAVEL B. TIFFANY, M. D., KANSAS CITY, MO.

Miriam G., age ten, of light complexion, blue eyes, was brought by her father from Kansas to consult me January 8, 1907. The following history was given:

The father stated that "previous to a week ago the child had seemingly good eyes with good vision, but last Friday, January 4, she came home from school and said that during the afternoon while studying, very suddenly the page became red. Thereafter, she complained of all colors appearing red with the exception of objects of red color, which looked white. She spoke of the red brick sidewalk looking white, whereas the light-gray pavement was always red." While in my office the father designated several articles of red color and she would instantly call them white, or he would point to some white object and she would say it was red. I suspected malingering at once and placed the patient twenty feet from a white light, and in asking her the color she instantly called it red. I then put on a trial frame and inserted a green glass, but she said the light still looked red. I then inserted a red lense. At first she said the light looked white but finally said, when I put in another lens of the same shade, that one was a dark red and one a light red. I then suggested to her that I should place a lens in the trial frame which would correct the color blindness. And by placing a plano before the eye she would name all colors correctly. I then tested her by the different colored yarns. She at first called all of them red, excepting the red skein, which she called white; again suggesting to her that I could correct the defect by glasses, and placing the plano glasses before the eyes she named the colors when I pointed to them correctly. The child had a slight convergent strabismus with hypermetropia, and I suggested to the father that an operation to straighten the eyes would also effect a cure of the color blindness. Whether the fear of an operation influenced the child I do not know, but on January 9, at 5 o'clock the color blindness, the father said, disappeared as suddenly as it came. This the child also related to me when she called at my office January 10.

If this phenomenon had occurred in a willful, intractable, disobedient child, one would not have been so baffled for a cause of the malingering, but M. is a modest, obedient, rather retiring little girl of an excellent family.

I prescribed glasses for the existing hypermetropia and allowed the child to go home, advising them, however, to return in six weeks that I might keep the case under surveillance.

To me, with an experience of some thirty years' practice in ophthalmology, this is a unique case of unusual interest and the inquiry is, is it likely that this is a case of hysteria in a child of ten years, with no manifestation of, or any evidence of, an immediate approach of the catamenia?



The Medical Library

By O B SERVER

Food and the Principles of Dietetics.

It is unfortunate that this book should have been brought out just when Chittenden's remarkable researches have made it necessary to reconsider all the data upon which our notions of dietetics are based. Dr. Hutchison evidently feels this, and has in a short paragraph alluded to Chittenden's results, and admitted that if they are confirmed "our dietary standards, and indeed the whole system of practical dietetics will require fundamental revision." We point out too some things which might be amended. It is a mistake to suppose that the ordinary native of India does not eat a considerable quantity of fat, as he undoubtedly does so in the shape of either oil or *ghee*, nor is it accurate to suggest that the Hindu consumes much carbohydrate because he has not got facilities for grazing cattle, as large herds of cattle are kept throughout India, and the non-consumption of animal fat must not be attributed to the absence of pasture.

It may be doubted whether the statement that chronic or habitual underfeeding is more injurious than the opposite extreme of intemperance in food can really be justified—if by underfeeding we refer only to quantity. Underfeeding is generally improper feeding, and the injurious effects of reduced quantities of otherwise suitable food have yet to be demonstrated.

The statement that the flavor of margarine is "equal to that of an average specimen of butter" seems to be a libel on the latter article; the objection to the use of margarine as an economical article of diet is that it has a peculiar cheese-like flavor which is quite unpleasantly perceptible even when the fat is used for cooking. We doubt whether it is worth repeating the assertion that the presence of lime in pulse favors the calcification of arteries, as less lime is absorbed by eating pulse than by drinking milk, to which no such evil result is attributed.

It is confusing to the reader to meet with conflicting statements such as those made respecting the amount of starch in the potato; on page 235 the amount is given as 19.1 per cent., on page

236 as 15.7 for the whole potato, and 16.0 for the flesh, and on page 237 it is again said to be 18 or 19 per cent.

The figure on page 311 of the young shoot of the tea plant is bad, as it makes it have a hairy stem, and the leaf bud at the top is covered with hairs. The description of the way in which tea is manufactured is also incorrect: the leaves after withering are rolled and then fired in a pan, rolled again, spread out in a thin layer, and finally dried slowly over charcoal. Instead of saying that moderately hard water is the best for making tea, we should say that moderately soft is the best; hard water makes bad tea, and the grocer is often blamed when the fault lies in the local water supply, any attempt to correct which by the addition of "a pinch of soda" spoils the tea for those who have any just appreciation of the beverage.

We are surprised that Dr. Hutchison quotes with approval Todd's opinions on the value of alcohol. We should have thought these as dead as their author, who always enormously exaggerated its value. His practice as displayed in his "Clinical Lectures," where in one place he relates that he gave more than a bottle of brandy a day to a little girl, is monstrous to modern ideas, and the remark of Christison was not without justification, that in the matter of alcohol some physicians of that day seem to have gone mad. We are disposed to regard Dr. Hutchison's initial dose of half an ounce of brandy as unnecessarily large. Is there any truth in the popular idea that cider drinking acts as a preventive of stone? As the alternative is usually between drinking beer or cider it may be admitted that cider-drinkers are less likely to be troubled with uric acid, but would they not be still less likely to be so troubled if they drank water?

In his remarks upon the use of potatoes in diabetes Dr. Hutchison somewhat grudgingly admits that as they contain only about a third as much starch as bread they may be given with proportionately greater freedom, but he does not point out that this is a great economical advantage.

age, enabling us to recommend poor patients who cannot afford to buy gluten or other starchless breads or biscuits to content themselves with a baked potato as a substitute for bread. Dr. Hutchison's work appears to us open to criticism, but it would altogether misrepresent our opinion if we did not conclude by expressing our warm appreciation of it as the best work of its kind which has been published in recent years by any one in this country.

The Food Factor in Disease.

Dr. Francis Hare has attempted to set up a new humoral pathology for the paroxysmal neuroses, bilious attacks, gout, high-blood pressure, and allied conditions. This morbid condition of the blood to which he attributes so large a part in the causation of disease is named by him "hyperpyremia," by which he means an excess of fuel of combustible material in the blood, but he does not define more clearly the form in which this fuel exists, or bring any direct evidence of its presence. It may be admitted that many people eat more carbohydrates and fats than they need; but, according to the usually accepted views, the excess is disposed of by being stored as fat, or accumulated in the glycogen reservoirs of the body, from which under normal conditions it passes into the circulation in such quantities and at such times as may be needed. A sudden discharge of the glycogen reservoirs is followed by glycosuria, while permanent incompetency of them is one of the causes of diabetes. The excess of combustible matter which Dr. Hare postulates is not present as sugar, for it is certain that sugar cannot accumulate in the blood, but that as soon as the proportion present rises above normal it passes into the urine, where it can be discovered by the usual tests; nor does Dr. Hare contend that it is present as fat, so that it is unnecessary to point out the obvious objections to this view. He therefore is left in the position of failing to indicate with any precision the condition upon which he lays so much stress, and upon which the whole of his book is founded.

Passing over this fundamental difficulty, Dr. Hare argues that excess of carbohydrate intake must occur and is the cause of all the conditions previously alluded to. His grounds for such conclusions are mainly clinical, and the whole of the second volume deals with the clinical evidence and records a number of cases cured by restricting carbohydrate food. Dr. Hare admits the success

of the opposite line of treatment by reduction of proteid prescribed by Dr. Haig and the vegetarians, but explains it by saying that the effect of reducing proteid is to diminish the digestion and absorption of sugar and fat—a statement which is so fundamental that he ought to produce more evidence in its favor than a quotation from Foster which it is hardly fair to expect to bear so great a burden. He advocates the kind of diet which goes by the name of Dr. Salisbury as on the whole safer and better than the opposite plan, which is often called Haig's diet; and his theory, if true, affords an explanation of the undoubted fact that gout may be cured by both these apparently diametrically-opposed systems. He suggests that "biliousness" is due to over-distention of the liver with glycogen, which may be true; but patients mean many different things by biliousness, and glycogenic distention could not cause jaundice, although it might be associated with catarrhal conditions capable of obstructing the choledoch duct.

We cannot regard the theory of hyperpyremia as possessing any sound basis, nor can the author expect it to be considered seriously until he has given a clearer definition of what he means by excess of fuel substances in the blood, and has produced some direct evidence of their presence.

Rheumatic Diseases.

Dr. Symes divides his subject into six heads: Acute Rheumatism, The Rheumatism of Childhood, Muscular Rheumatism, Acute and Chronic Rheumatoid Arthritis, Gonorrheal Rheumatism, and Scarlatinal Rheumatism, devoting a separate chapter to the consideration of each.

As the varieties of arthritis occurring in gonorrhea and scarlet fever have no association with rheumatism proper, the use of such terms as "gonorrheal rheumatism" and "scarlatinal rheumatism" are illogical and misleading, and sufficient attention could have been paid to these in dealing with the differential diagnoses of the other complaints, without the necessity of devoting a separate chapter to each. Dr. Symes, however, is evidently a believer in the close connection of true rheumatism with scarlet fever, and in one place asserts "scarlet fever is one of the commonest predisposing causes of rheumatic fever," and in another that "true rheumatic fever frequently follows scarlet fever." Such a view would have been in accordance with that expressed in every text-book only a few years back, but we had supposed that modern investi-

gations of the arthritis occurring in scarlet fever had largely modified the former belief in the frequent association of the last complaint with rheumatism. Caiger, indeed, in an analysis of the complications and sequelæ of more than 30,000 cases of scarlet fever, found rheumatism so infrequent that he does not even mention it, although he states that in extremely rare instances chorea has been noted.

The most satisfactory chapters are those dealing with acute rheumatism and rheumatoid arthritis. In a work, however, professing to deal with the complaint in its entirety, mention should have been made of rheumatism as a cause of appendicitis. Many authorities have a firm belief in a rheumatic appendicitis, and have, perhaps, unduly strained the analogy between the glandular structure of the appendix and the tonsils as a ground for this belief, so that mention should have been made of the theory, although its validity is far from being generally accepted.

In dealing with the rheumatism of childhood the author is less successful than in the other sections, and the whole chapter gives the impression of having been compiled from the writings of others rather than founded on personal experience. He rightly lays stress on the importance of nodules, both in diagnosis and prognosis; but we fancy he misinterprets Cheadle when he states that the latter regards them "as being indicative of an almost certainly fatal termination." Our memory would lead us to regard Cheadle's grave prognosis as applying only to large and persistent nodules, and not to rheumatic nodules in general. It may be said, moreover, that true chorea is never "confined to a habit of blinking the eyes or twitching the corner of the mouth and side of the nose," and the statement of the author to this effect is the more odd, inasmuch as in the same paragraph he correctly assigns them to the category of "habit spasm."

The following paragraph we can only characterize as extraordinary: "Pleurisy is generally recognized as a true rheumatic affection, and possibly much of the broncho-pneumonia of children may have the same pathogenesis." We do the author the justice of believing that he does not intend his readers to regard all or even most cases of pleurisy in children as being rheumatic; but we certainly think he should have given his grounds for his statement as to the

connection between rheumatism and broncho-pneumonia.

The Bacteriology of Peritonitis.

Comparatively little of a definite character has been written on this subject. Hence it is, perhaps, that surgeons have hitherto been content with vague denominations of the organisms concerned, as "staphylococcus," "streptococcus," and perhaps too ready with an acceptance of the *Bacillus coli*; they will certainly welcome Messrs. Dudgeon and Sargent's effort to extort a practical application from the systematic study of an elusive subject. In the course of these investigations, carried out with praiseworthy thoroughness, one or two noteworthy discoveries have been made.

The 270 cases upon which observations were made comprise 53 of intestinal obstruction, 47 of strangulated hernia, 93 of appendicitis, 10 of perforation of the hollow viscera, 7 of post-operative peritonitis, 5 of septicemic peritonitis, 8 of salpingitis, 3 of suppurating ovarian cyst, and 20 of intraperitoneal hemorrhage. From no less than 108, or 40 per cent., of these cases, the *Staphylococcus albus*, alone or with other organisms, has been recovered, in most instances from a part of the peritoneal cavity remote from the lesion. That this was no mere accidental contamination was proved, if proof were needed, by the demonstration of agglutination reactions with the blood serum of several patients; and the authors have further supported their remarkable deduction as to the defensive part played by the white coccus in respect of the colon bacillus by animal experiments that afford very striking confirmation.

It is well known that two pathogenic micro-organisms working in concert may evince a virulence exceeding the arithmetical total of their individual noxa; and, on the other hand, clinical evidence is not wanting that one pathological agent may inhibit the activity of another, but the instance under consideration is new and has an eminently practical bearing. The beneficent action of the *Staphylococcus albus* is exerted mainly by chemiotaxis, but also in some degree by the formation of a protective film of exudate upon the intestinal surface. The peritoneal fluid in the presence of the white coccus is generally very rich in active polymorphonuclear leucocytes; an aggressive colon bacillus, on the contrary, causes either a negative chemiotaxis or a

rapid disintegration of the leucocytes; phagocytic defense is equally futile before the *Streptococcus pyogenes* and the *Bacillus pyocyaneus*. It is now demonstrated, however, that given a long enough start, the white coccus enables the organism to withstand successfully the assaults of the colon bacillus. This fact constitutes a final argument against the routine employment of lavage in appendicitis, and restricts the use of this drastic measure to those happily rare cases in which the more lethal organisms mentioned are concerned.

But how is the surgeon to ascertain, within the short space of time possible between the opening and closure of the abdomen, with what organism he has to deal? Film preparations may afford positive evidence, but as negative evidence their value is *nil*, and clinical appearances are notoriously untrustworthy. It can only be laid down that the great majority of cases of appendicitis are dependent upon the colon bacillus, and for this infection nothing more than careful dry sponging must be used.

Of 47 cases of strangulated hernia, the sac fluid was sterile in 42, or 89 per cent., and the surface of the gut and omentum in 66 per cent.; the *B. coli* was present only when necrosis or actual perforation of the intestine had occurred, an observation incidentally confirming the experiments of Rindone (*Rif. Med.*, vol xxi, No. 18), which showed that all the coats must be damaged before the colon bacillus could escape from the lumen of the gut into the peritoneum. Rogozinski (*Verhand. der Naturwissen d. Akad. im Krakau*, Bd. xlii), however, demonstrated the colon and other bacilli in the lacteals of normal intestine, a point of interest in view of the very early and universal appearance of the *Staphylococcus albus* when the gut is yet but little distended, and not immediately involved in the causative lesion. The authors mention that in their cases the employment of taxis previous to operation did not seem to influence the permeation of the gut by bacteria, although they admit the appearance of the bowel was affected.

As a purely bacteriological study this research has not been without result. The cultural and other characters of the *Bacillus coli* and *Bacillus pyocyaneus* have been investigated in detail, and on the question of motility as an essential character of true *Bacilli coli* the authors differ *in toto* from previous observers. Whilst they have failed to isolate the anaërobic organisms upon

which so much stress has been laid by Veilon and Zuber, Tavel and Lanz, in the causation of appendicitis, they have found a new streptodiplococcus associated with every case of perforated gastric ulcer examined. The striking divergence between the results of various bacteriologists is, indeed, a matter for very serious reflection.

In the matter of phagocytosis and its importance an interesting illustration is afforded by the frequency with which the pathological appendix proves sterile, whilst the normal appendix has a flora as rich as the neighboring cecum. Tavel explained this by pointing out that the inflammatory exudate within the lumen contains very numerous phagocytic leucocytes. The experiments detailed in the present work go to show that the small monomorph and the eosinophile cells are both actively phagocytic, but the evidence is not entirely satisfactory.

Meals Medicinal.

A curious book which, although written by a medical practitioner, might quite well have been the work of anyone with a fondness for scissors and paste, for it is merely an *omnium gatherum* of miscellaneous information arranged alphabetically. It cannot be said that it refers only to foods or articles taken as food, for it includes tobacco, and odors, and perfumes. We understand Dr. Fernie to believe that diseases may be cured by food, and his index is arranged in this way, the disease being put at the head in heavy type and the various food remedies arranged under each heading. In order to fill his volume of nearly 800 pages he has ranged widely and stuffed his pages with quotations, not only from a few standard authorities on diet and medicine, but from ancient and modern classics, from Virgil and Horacë, from Shakespeare and Thomas Browne, and from Tennyson and Browning down to "Alice in Wonderland." By this means he certainly gives us some amusing reading; but we cannot speak as favorably of the book so far as it has a serious purpose, for it includes and apparently sanctions the use of every kind of remedy such as the author could collect from old herbals, obsolete medical books, old wife's tales, and the customs of the peasantry, without making any attempt to determine their value, and with as little discrimination as if he had never heard of such a science as pathology.

We may give a few examples to illustrate these

remarks. He recommends charred fish bones for acidity; spiders for ague; millipedes for cancer, struma, and stone in the bladder; snail soup for enlarged tonsils; frog pottage for sore mouth; hedgehog fat for deafness; while celery is said to be "curatively efficacious" for rheumatism; carrots "relieve" asthma; eggs "disperse" jaundice; and whole-meal bread will cure ringworm. In another place (p. 83) he recommends the use of the common white kidney-bean for heart attacks, on the recommendation of a Dr. Cushing, who found that "in his trial with it on himself he had become nearly suffocated, and his heart gave him all forms of anxiety." On no better ground than this we find in the index white kidney-beans recommended "to tranquilize the heart, and for angina."

In the preface he tells, and spoils in the telling, the story of Walter Scott and the cow doctor, and in his introduction (p. 13), throughout a paragraph in which he praises the taste for refined food, he repeatedly spells the word "friandise" fricandise, the misspelling occurring no less than four times in a few lines. He gives his reader a good deal of scrappy information, by no means unimpeachable, culled by the same method of scissors and paste, but not from the best authorities, and some even contradictory, as on p. 63 the name "asparagus" is said to come from the Persian "sparage," while on p. 67 "the old English name 'sperage'" is said to "bear reference to an ancient use of feathery brushes made with sprays of the wild plant to be employed for sprinkling (asperging) the congregation in old Roman churches of Southern Europe," by which it would appear that the author thinks the practice of asperging was confined to Southern Europe, though whether he believes the verb to have been derived from the noun or the noun from the verb is not at all clear.

In another place he derives the word "honey" from the Hebrew "ghoneg," though he does not explain why our German ancestors went to the Jews for this word. And, again, under the heading Broth, he says: "It was about the year 1820 that the term 'broth' was for the first time given to the essential solution of meat, the strength thereof being determined by the weights of the principal ingredients used," a statement which can hardly be otherwise than misleading, for the word is as old as the English language in its meaning of the liquor in which flesh has been boiled; nor do we know that it has ever been generally applied to what he calls "an essential solution of meat."

Another instance of strange confusion of language is where he introduces "iced cakes" under Ice, when speaking of the evil effects of eating ices and drinking iced water, for it is not to be doubted that "iced" cakes mean nothing but cakes covered with so-called "icing" of white sugar. We do not think it worth while to quote more from this book, and we regret that a medical practitioner should give the support of his name to a collection of unverified statements respecting remedies which is evidently intended for the lay public, and can only be misleading to them.

Beitrage zur Pathologie der Verdauungsorgane.

The task of preparing the volume of essays on the pathology of the digestive organs, given to the world under the name of Dr. Knud Faber, Physician to the Medical Clinic, Copenhagen, has been shared by Dr. C. E. Bloch, who contributes three out of the eight papers herein included, and is joint author with Dr. Faber in two others. The last-named papers deal with the pathological changes in the digestive tract in pernicious anemia.

By fixing the cells by intra-abdominal injection of formalin solution soon after death, they have made very beautiful preparations of the gastro-enteric mucosa, and have satisfied themselves that the intestinal changes described by Ewald and others are merely cadaveric; that the true lesion is confined to the stomach and the beginning of the duodenum, and that it consists of diffuse inflammation of the mucous membrane, with more or less extensive atrophy of the glands. They also conclude that these changes, which vary greatly in degree, are not the cause of the anemia; they think it possible that both are the consequences of a third factor, which may be an intestinal toxin; in support of this they refer to cases of anemia in association with (a) an intestinal stricture, and (b) the presence of *Bothryoccephalus latus*.

The formalin method has enabled Dr. Bloch to make an admirable study of the microscopical changes in the gastro-enteric catarrh of infants, and Dr. Faber has applied it with success to a case of "sprue" (tropical diarrhea).

Of more clinical interest is a paper by Dr. Faber, in which he argues that there is such a thing as intestinal dyspepsia, that is, discomfort after food due to derangements having their seat in the intestine, but he admits that these intestinal troubles react upon the stomach, so that the "dyspepsia" is the immediate result of something that has gone wrong in the latter organ. For example, he points out that many cases of "dyspepsia" depend upon constipation, and are cured when the bowel functions are regulated; vertigo and hyperacidity may result from constipation or from tapeworm. This is all doubtless true, but is not what is generally meant by those who maintain the existence of "intestinal dyspepsia."

TOPICS OF THE HOUR

Indiana's Advocacy of Sexual Mutilation.

A Bill for an Act entitled an act to prevent procreation of confirmed criminals, idiots, imbeciles, and rapists; providing that superintendents and boards of managers of institutions where such persons are confined shall have the authority and are empowered to appoint a committee of experts, consisting of two (2) physicians, to examine into the mental condition of such inmates.

Whereas, Heredity plays a most important part in the transmission of crime, idiocy, and imbecility;

Therefore, Be it enacted by the General Assembly of the State of Indiana, That on and after the passage of this act it shall be compulsory for each and every institution in the state, entrusted with the care of confirmed criminals, idiots, rapists, and imbeciles, to appoint upon its staff, in addition to the regular institutional physician, two (2) skilled surgeons of recognized ability, whose duty it shall be, in conjunction with the chief physician of the institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physician and board of managers. If, in the judgment of this committee of experts and the board of managers, procreation is inadvisable and there is no probability of improvement of the mental condition of the inmate, it shall be lawful for the surgeons to perform such operation for the prevention of procreation as shall be decided safest and most effective. But this operation shall not be performed except in cases that have been pronounced unimprovable: Provided, That in no case shall the consultation fee be more than three (\$3.00) dollars to each expert, to be paid out of the funds appropriated for the maintenance of such institution.

Is this just the proper and best thing that can be done? If a committee of experts (heaven save the mark!) may determine upon unsexing a man (why not also a woman?) because of mental or moral obliquity, why may they not also have power to mutilate other parts of the body presumed to be the prime instigator of mental disease? If mental disease, on the other hand, is the source of the wrong-doing, is castration the proper correction therefor? What are our insane asylums for, anyway? What are our penal institutions for? If proper and drastic laws were passed for the punishment of sexual perverts, by

imprisonment for life, or even by judicial murder, and the pardoning power taken away from political governors, or emotional Boards, the end sought by this Bill would be as certainly accomplished as by doing a brutish operation upon a man, who may still be a man for a' that. An unmann'd man, deprived of that which made him a (physical) man, turned loose upon society once more, might almost be justified in living thenceforth the life of a ferocious brute—such an one as he has been “changed” into—wreaking upon that society other and more murderous possibilities than the former ones of procreating undesirable or even criminal progeny. The knife of the surgeon has been busy, all too busy, in good sooth, with woman; she bore it without undue complaint. Has the material run out, that the same experiment must now be tried with the other sex?

Possibly if the proposed victim of sexual immolation should outbid the sordid hucksters (hacksters?) of the state, and offer to pay five dollars to each of the eminent experts, instead of the prescribed picayunish three dollars, the said aforesaid experts might refuse to recommend the castration. Medical experts may now be had, in many places (outside of Pittsburg) for bargain-counter prices.

This law is as uncivilized and inhuman as the former branding in the hand or forehead or in the back, the slitting of the nose or its total ablation, the cutting off of the ear or finger or hand. Truly, we have advanced most wonderfully in our nineteen hundred years of Christian civilization! We venture the prediction that this law will not stand the test of a Supreme Court investigation and decision.

♦ ♦

Hitching the Sun.

Under the rather unique and attractive title of “Harnessing the Elements,” *St. Nicholas* for March contains an unusually interesting paper by George Ethelbert Walsh. “Electric power,” he says, “from the sunlight appears more wonderful than harnessing the streams or wind. Yet we know something of the vast heat of the sun. Solar

engines for operating pumps have been in use in different parts of the earth for several years now, and their value in warm climates, where the number of days of clear sunshine averages high, must steadily increase. One of the most successful of these solar machines is located near Los Angeles to irrigate fruit land. An automatic stand carrying great reflectors follows the course of the sun as regularly as the best telescope ever made, and the sun's rays are thus reflected on a central point, where the boiler of a small engine is located. Within an hour after sunrise the heat of the sun raises the temperature of the water to the boiling-point, and thus creates steam; and the pumping machinery begins its day's work and keeps it up until sundown.

"The power of the sun for heating has only been faintly appreciated by scientists in the past, but the prediction is made now that if all the coal should give out we would soon be able to run much of our machinery from the power of the sun. With five hundred mirrors properly arranged to focus the rays upon one point, a temperature of more than a thousand degrees has been obtained. This almost equals one-fifth the highest temperature recorded by the electric furnace, which is considered to-day the most powerful heating apparatus ever discovered. As there is no limit to the number of mirrors that may be employed, and as the intensity of the heat increases in proportion to the number of rays reflected by the mirrors, it is conceivable that a temperature may be obtained in time that will surpass anything ever dreamed of in the past or present.

"Hitching the sun to run electric motors for furnishing light and power for our homes and factories is the very latest achievement of the modern work of harnessing the elements to do man's work; and one square yard of sunshine in the tropics may represent, on the average, one horse power."

This gives a happy presage and efficient foil to those gloomy speculations and melancholy papers depicting the condition of this poor earth when the forests shall have all been destroyed by various predatory commercial interests, and the coal and its sequent natural gas have been exhausted. It looks very much as if Old Nature had boundless resources up her sleeve, and there is no real occasion for the calamitous wail regarding the earthly future. The sun spots, latterly discovered by expert savants, did not seem to keep

anyone awake; business went on as usual; there was giving and taking-in in marriage; and so far as could be noted everything went along as usual. We have always had great faith in the healing efficacy of the sun—possibly a reincarnation of our former existence as a Sun Worshiper. Quite recently we noted the scientifically-marvellous fact that sunlight could be successfully substituted for the X-ray and other currently popular electric lights and rays; and thus this poor world of ours travels in circles. The most recent and labored discoveries seem either to be old ideas, or they are presently superseded by some simple act of Nature; and thereafter the scientific books have to be rewritten, and the cumbersome medical machinery trundled into the attic room of oblivion. It would be difficult to conceive of a trade, vocation, or profession more hampered and restrained by unsustained or unprovable theories than that of Medicine. Thousands of enthusiastic devotees are engaged in laboratory researches, vainly pursuing the ever and always elusive germs of disease, as of the never-to-be understood cause of Life, or the ultimate destiny of Man. One generation buildeth an exceeding high tower and a succeeding generation teareth it down, substituting one of its own design and finish. There seems always, from the first dawn of medical knowledge, to have been a disposition to delve in mystery; to discard the plain and the simple; and to follow after that which was most difficult and complex. There is not, and never has been a more simple system of medical treatment than that of Homeopathy, unless the practice of total abstention from all drugs and medicaments, may be cited *pari passu*. It is based on pure reason, and demonstrated in actual practice. And yet because of its very simplicity; because it does not need the adjumente of instruments; because it places so little faith in minute pathology, it has lost much of its primal virtue and success. The modern world is impatient and wants things doing; it is better satisfied with a dangerous headache powder, than with a simple, harmless remedy which may take twenty-four hours to restore the body; it does not stop to think that a headache powder is a dangerous element to introduce into the intensely delicate structure of the human body; and that a true cure is always gentle and soothing. So the modern medical man, who is practical and with his sails to the wind, uses headache powders and other similar present-day makeshifts; and Homeopathy, with its mild power

is left to gather dust on the upper and unused shelves. It is pleasant, therefore, to find that the autocratic scientists are sometimes dethroned and made to eat dirt, as in the case of the use of the sun hereinbefore referred to; and ultimately there will be a reversion of type, but in this instance the type will be the simplicity of Nature.

♦ ♦

A Double Dose of Electricity.

In one of our recent issues we spoke of the almost utter unreliability of the X-ray in its varied manifestations—so far, at any rate, as they relate to the healing of the human body. Notwithstanding the fact that the X-ray has been discovered and used by many expert practitioners, for some years past, each added day seems to add some new accident to the tale of misadventure and misfortune. It has proven itself startlingly unreliable in that for which it was originally heralded, namely the finding of opaque objects like bullets and other metallic missiles in the human body, in one instance, within our knowledge, locating a plate of artificial teeth in the esophagus of a strangling man, when, later, after gastrotomy and death, the plate was found under the bed in the residence of the patient several miles away. The X-ray burns held the center of the medical and surgical stage for a time until someone of an ingenious and inventive mind discovered the lead mask and shield. But even this has recently proven to be valueless in a case of which we shall speak in a moment. There seems to be, from current literature, no end to the variety of novel accidents and misfortunes possible in the use of the X-ray, the very latest being to render the expert manipulator of the rays sexually impotent, and destroying the ovaries of the woman who purposely submits herself to the ray for that very race-suicidal purpose.

In a recent New York City daily we find the narration of a tried law-suit in which a prominent and acknowledged skillful medical worker in therapeutic electricity was sued for \$10,000 by the maid of a local banker, for producing a disfiguring burn upon her neck with the X-ray, in an effort to extirpate tubercular glands. This maid was not satisfied with the slow progress made by one expert, so, without mentioning the trifling circumstance to the expert operator treating her, she appealed to another, a hospital physician, for treatment by the same means; thus she got all that was coming to her—a double dose and, likewise,

also, the burn. We may dismiss the case-record by saying that the jury after being out but one hour exonerated the defendant physician, believing that the maid took chances that could not be guarded against when she, of her own motion, doubled the dose of a powerful agent like electricity.

But the live wire dangling before the profession is this: Is there no way of governing this ray? Must it always be a matter of guess and hazard? Was there no way in which the second physician could discover that the patient was receiving the same treatment from another specialist? Has not this much-vaunted addendum to the medical armamentarium been in existence long enough,—have there not been learned books enough written about it,—and has not there arisen a young army of skillful operators with the ray—to determine by now what its true beneficent action may be, without endangering health, life, and fecundity, and leaving disfiguring burns and deformities?

♦ ♦

Striking Features of the Jamestown Fair.

"The Jamestown Tercentennial will spend in round numbers about \$10,000,000 upon the grounds, buildings, and exhibits. But that large sum will furnish but a small number of the features of the exposition and will be but a minute fraction of the vast monetary values that will be represented in other ways. For instance, every nation in the world has made arrangements to exhibit sections of its navy,—some with a surprisingly large number of various types of their fighting craft; and many of the powers have also agreed to send large numbers of their soldiery to the general friendly rendezvous. A naval expert, basing his calculations upon data furnished by the United States Government and the other governments that will participate, has figured that there will be anchored in Hampton Roads at the time of the exposition fighting craft alone that would represent an outlay of \$250,00,000. And it will not mean bewilderment or monotony. Every variety of fighting craft in existence to-day will be on display, from the tiniest torpedo or messenger boat to the largest battleship or armored cruiser; and the United States Government at least will have a display illustrating the evolution of the fighting vessel from the early days of the nation down to the present time.

The display of commercial and passenger craft in ordinary use in and about Hampton Roads

at the time of the exposition will present a feature of interest fully as great as any that the exposition could give, particularly to all inland visitors. And the forts around Hampton Roads (Fortress Monroe and the Ripraps), the navy yard at Norfolk, and the gigantic shipbuilding plant at Newport News will easily represent, apart from a sentimental historic value, an outlay of another \$100,000,000. And these features are such as may not be found in duplicate anywhere else along the Atlantic Coast."

The above is an extract from an ably-written paper appearing in the March number of the *American Monthly Review of Reviews*, under the title of "The Jamestown Tercentenary Exposition." It will be appreciated by our readers who are members of the American Institute of Homeopathy, because it tells in small compass some of the many attractions to make this Fair startlingly different from all its predecessors.

♦ ♦

"The Same Old Way."

Under this caption, Dr. Stephens, one of the collaborating editors of the *Eclectic Medical Journal*, pours out his righteous indignation as follows:

"A St. Louis millionaire is sick. There is nothing strange about that, you say. No, and there is nothing strange about the fact that he has pneumonia. But there is something decidedly incomprehensible in the fact that intelligent men will quietly submit to being sent to heaven before their appointed time, and over a route selected by the average doctor when he butts into a case of pneumonia.

"Read the following. It is not unfamiliar to you: 'Mr. Busch suffered another sinking attack Monday from 6 to 8 p. m., and during part of that time his pulse was so feeble that it could hardly be detected. At times it started into sudden violent action, then subsided again into strokes so faint as to create doubt as to whether the heart were still beating.

"Dr. Knockout says that Mr. Busch's condition is still grave.'

"You bet your life it's grave, and the grave is not far distant. And the grave will hide the ignorance of the medical attendant.

"For nearly two weeks this man's heart has struggled nobly to stagger on to safe ground. But the doctor has stayed alongside with his

'black-snake' and his billy. If one end didn't catch it the other did, and now 'the pulse is so feeble that it can hardly be detected.'

"Is it possible that anyone can be so dense as not to see that the paragraph above describes a treatment that kills? It is the description of a condition which is a sequel to the use of heart depressants to lower a temperature, and heart stimulants to boost a tired heart stumbling to its knees, so to say.

"I have said it so often, but perhaps not often enough: 'Let the heart alone. Do not depress it in order to lower the temperature. Do not stimulate it until it falls from exhaustion.' A horse's strength is not conserved by beating; neither is the heart strengthened by the lash.

"The temperature is bound to go up and stay there until the congestion is overcome, and any medicine that will reduce the temperature will stagger the heart beyond recovery.

"I stated in the *Journal* some time ago that in every case where the patient was of sufficient note to gain the notice of the press and was treated by the modern regular method of alternate depression and stimulation he died. I can still repeat what I then said.

"I do not believe in betting. I do not gamble, but I would like to place a thousand dollars even money on any Christian Scientist or Faith Healer against the old-school practice in the treatment of pneumonia. I am willing to stake my head that not 10 per cent. of pneumonia cases will die if they never see a dose of medicine. I am willing to barter my hopes of a long and peaceful life that under good treatment 5 per cent. will cover the loss of life. And, finally, I'll place veratrum, ipecac., bryonia, and iron against the field and win every time. And these, remember, are to be given in *small* doses. Other remedies will sometimes be needed, but they are only runners. I want to say damn so bad I don't know what to do."

♦ ♦

Mother Hubbard.

"Mother Hubbard" is the side-title of a clever editorial in the current *Medical Counselor*, in which it pays its addresses to the Sage-brush of the Roy-Grafters, in words and figures as follows:

"Perhaps you have never heard of Elbert Hubbard of East Aurora, N. Y. Do not blame Hub-

bard. To him there is only one letter, the others pay tribute. He is not a bad fellow, nor does he claim to be very good; a plus to his honesty which may look lonesome. Hubbard believes he is a necessity; his friends take him as a joke. To physicians he would not be particularly deserving of attention, other, perhaps, than from the alienist's standpoint, were it not that he uses the smuttiest length of his "Periodical Pipe Dreams" to heap dirt upon the medical profession. This he does with a regularity which suggests that he has not passed the menopause. Why Hubbard should do this with any show of sincerity can only be explained by the fact that he is the son of a physician. He is a circumstance for which he censures his father. Therefore will we excuse him and look at the man's better side—a view of his S. E. corner. First, though, here is what he says:

'There is a science of health. But whether there is a science of medicine is still a question. And yet no one has ever founded or endowed a college devoted to radiating health, strength and happiness through a more perfect knowledge of nature.

'The medical colleges have vats in which dead men are pickled; dissecting rooms where on tables is rotten human meat clawed over by young men who smoke tobacco to neutralize the vileness of the place; there are glass jars containing tumors; long rows of appendices that have gone wrong; deformed human organs, and then there are pictures on the walls. They are always those of ladies with elephantiasis, and gents with tubercular joints.

'A medical college deals with the abnormal and the monstrous. A "medical education" is an education in the pathological, the unusual, and the strange—in disease and death. Read any medical journal and you will find the pages devoted to extraordinary diseases, and cats that have two tails. A plain, ordinary, normal cat is of no interest to your doctor or editor; they want something about the anthropophagi whose heads do grow beneath their shoulders.

'And the constant study of disease; this mousing over the monstrous, and gloating over the decomposed, must of necessity have its sure effect on the character of the man.

'We become like that on which our minds are fixed. Hence we find the average doctor is an advance agent for disease, and not health. He breathes disease, thinks it and talks it all day

long. Doctors carry with them an odor of dope, not sanctity—they radiate formaldehyde, tobacco and booze, not health.

'Isn't it about time to found The College of Health, where young men and women will be taught the science of right food, right breathing, right exercise and right thinking? Have not doctors, medical colleges, medical periodicals and medical advertisements, in very large degree, created and fostered the ills they pretend to cure?

'And one more—is it necessary that a college of health be attached by an umbilical nexus to an artistic fad or a theological fetich? Should it not be founded on a just and proper knowledge of this world in which we live—say, 'with Ol' John Burroughs for its president?'"

The excerpt is properly characterized as the expression of an honest man, one who is, doubtlessly, always positive and sometimes right. The Counselor credits the long-haired-slouch-hatted Fra Elbertus with doing a lot of good by his courageous writings, while at times mistaken, thereby merely approving himself mortal like all the rest and best of us. There is, however, food for that in the quotation from The Philistine, and peculiar and bizarre as it may seem, the thot may well be taken to our innermost consciousness and digested. Thots are deeds in the making.

• •

Hydrastis Canadensis.

Dr. Charles Ott of Kansas City, Kans., in his Medical Forum, presents a succinct, but valuable paper on this old-fashioned Golden Seal. He says:

"... In gonorrhea the following is excellent: Acetate of zinc and acetate of lead, each 1 grain; Lloyd's (or any other) hydrastis, 1 drachm; distilled water, 7 drachms. Use as injection. In chancres or chancroids, apply the non-alcoholic, either full strength or diluted, as the case may require. For ulcerated cervix, apply direct on cotton tampon twice or three times a week. It can be used with benefit in suppuration of the middle ear, or as a gargle in tonsillitis, pharyngitis or stomatitis. One grain of berberin muriate or hydrastia muriate to 1 ounce of a fluid composed of glycerine 2 drachms and water 6 drachms is excellent for a mouth-wash. Properly diluted, it is often used with good results in conjunctivitis. A saturated aqueous so-

lution of fluid extract of hydrastis is one of the most efficient applications for the eruption caused by rhus tox. and kindred plants. In chronic ulcers the non-alcoholic hydrastis is an excellent application.

As a medicine for internal use it is still more important. It acts through the sympathetic nervous system. All the mucous membranes of the body are included in its sphere of action. When given in too large doses it will produce perverted secretions wherever these exist. At first there is an increase of secretion, but there is no change from the natural. Then, if action continues and increases, they become abnormal in quantity and quality. It changes color in many cases, becoming yellow, or thick greenish, and often bloody. But always does it become thick, ropy, tenacious, so that it may even assume that stringy character for which kali bichl. is so often prescribed. . . ."

To which we desire to add, by way of greater particularity than as set out above, that in our hands the non-alcoholic hydrastis in ten-drop doses, morning and night, has proven a most sovereign remedy in catarrh wherever resident.

♦ ♦

Some Chironian Nuggets.

A summer experience of Harvey's will serve as another example. "Good old Bill" was quietly smoking his pipe, when the owner of the place rushed in and begged him to come out to the barn, his horse was dying. "Bill" grabbed his medicine case and hurried to the stable, where he found the patient in evident pain, while the veterinary surgeon and his assistant were emanating tobacco juice and a certain mournful and expectant sympathy. The horse's mouth was open, not only because of a mouth gag, but also as a place of egress for the doses which the physician in charge had prescribed. Bill is no horse doctor, but when he saw the animal crouching down on the floor, evidently trying to lie on its belly—a difficult feat—he said to himself, smiling behind his flowing black mustache, "Ha! Colic, relieved by lying on something hard—Colocynth!" And therefore dumped the whole of his bottle of Colocynth 200 into the yawning orifice, and awaited its return. But it did not return. Instead the beast seemed to be relieved almost instantly, and in half an hour was out of pain. At first the veterinarian had been lacking

in courtesy, but now he turned and graciously asked what was the remedy. Quoth Bill, who was riled, "Study Homeopathy, and find out!" And with dignity he marched back to his rocking chair and pipe, bearing his potency case with new respect and affection. As long as he stayed in the town Bill drove that horse daily and without charge. . . . Once on a time a small boy went to an old doctor to have a wart taken off. The old man told the youngster to put his hand in his pocket and keep it there, and when he got home the wart would be gone. And the man, who used to be the small boy, declares that, sure enough, when he reached home he looked and the wart was not there. He remembers distinctly his astonishment. This was many years ago, and perhaps suggestion was quicker acting then, or perhaps "the little boy lied." But my limited experience leads me to believe that about six weeks elapses after the giving of the remedy before the result is reported. At first I expected a prompt response, but after several disappointments I learned to wait more patiently.

Francis E. Doughty, M. D.

Late in December, in the closing days of the year of 1906, there passed away Dr. Francis E. Doughty in New York City at the age of fifty-nine. We had known of genial, kindly Dr. Doughty for many years, but it was not until quite recently that it was our especial good fortune to meet this courteous gentleman and skilled physician, and this occurred at the meeting of the Unanimous Club in the Republican Club in New York; and at a later time, a year ago, at the Manhattan Hotel, New York, we again had the pleasure of an evening in his company with other rare good fellows (as they all are) of the Unanimous Club. On this occasion Dr. Doughty impressed us as one of the gentlest and most modest and refined of gentlemen of our entire acquaintance. His smile was infectious, his manners of the choicest, and his stories, like his daily talk, free of barb or sting or other evidence of unkindliness. He was truly a Chesterfieldian nobleman. It was not difficult to love him, for he drew others to him. That he was a successful teacher must be apparent to all who ever met him; and from contemporaneous exchanges we note that he was continuously in the homeopathic teaching harness

from 1872 up to the day of his passing: he occupied various chairs in that generation and a half of teaching, and his name must be found on many diplomas issued in that time. Dr. Doughty was another of that Old Guard which dies but never surrenders. He lived through the best part of Homeopathy's rise and success. He was persona grata with all the royal homeopaths who strutted the boards of Time, in and out of the American Institute, each doing his part to place Homeopathy high in the estimation of student, practitioner, and patient. It was his gracious privilege to know and work with Helmuth, Allen, Lilienthal, Dowling, Deschere, and that long list of homeopathic worthies of New York whose works and books live after them, and who can never die! He had seen Homeopathy grow from a slender shoot into a grand and sturdy tree; he was enthusiastic at all times for the Law of Similars; and his practice like his teaching bore the hallmark of "Perfect." He bore his years splendidly. There was never any evidence of break or fatigue. He was as young as the youngest Freshman in his many classes, because his heart was always young and warm. He imparted his knowledge with that famous gentleness and urbanity which bound him with hoops of steel to every member of every class. He did not know how to browbeat. His process of teaching was a painstaking induction from the lower known to the higher unknown. He never blustered or threatened. He never forgot that his students were men and women grown, who had come to him from the various avocations of life to sit at his feet and become proficient in the noblest profession, barring none, on God's green footstool; and that they were not immature children to be threatened and punished. And so it came about that each and every of his ex-students became his personal friends, and each thereof mourns his untimely taking off.

Much could be said, and truthfully, of his home life, its beautiful simplicity, his faithfulness to all, his always overbrimming love, and his desire to help the lowly, the sick, and the down-trodden. But the need to do so to his remaining and mourning brethren is not apparent. It is common knowledge. Hence, we close our tribute by saying that we, too, loved him, short as was our acquaintance, and that we feel confident his awaking was sweet and peaceful.

Book Reviews.

THORNTON'S POCKET MEDICAL FORMULARY. New (8th) edition, revised to accord with the new U. S. Pharmacopœia. Containing about 2,000 prescriptions with indications for their use. In one leather-bound volume. Price, \$1.50 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907.

It would be difficult to mention a more frequently useful work than "Thornton's Formulary." The author is peculiarly qualified to render such a service, as he unites in himself a knowledge of the three necessary branches, being a graduate in pharmacy, a professor of materia medica in a leading medical college, and an active practitioner of many years' standing. He has here presented the collective experience of his profession as to the best measures for combating disease. He has arranged "Diseases" alphabetically, and under each has given the best formulæ for simple cases, as well as for the various stages and complications, with quantities both in the ordinary and metric systems.

Again our old-time friend Dr. A. M. Cushing of Springfield, Mass., finds himself in the limelight of publicity, in that he declares himself to have been the physician who attended Mrs. Eddy at the time of her accident—so many years ago. *McClure's* publishes Dr. Cushing's statement to the effect that there was nothing unusually dangerous in the accident, and the cure was equally without occasion for remark. Mrs. Eddy, on the contrary, is represented as claiming that the accident was very serious, and that she was restored by Divine Mind. You pays your money and you take your choice.

HOMEOPATHIC THERAPEUTICS. By SAMUEL LILIENTHAL, M. D. Fourth edition. 1154 pages. Cloth, \$6.00, net. Half-morocco, \$7.00, net. Book expressage extra. Philadelphia. Boericke & Tafel, 1907.

To those of the younger generation who see this book for the first time, the primal impression will necessarily be that of the immensity of the labor required in its preparation, no less than the almost impossible brain-power required to understand and apply it thoroughly. It contains 1154 pages and every page teeming with vital factors. Every remedy is carefully, painstakingly studied, revised, and condensed until it presents its present polished perfected whole. Although it seems like a ponderous volume, it is indeed but small when rightly understood. The remedies are everywhere the same; that is to say, when *pulsatilla* or *nux* are spoken of, they are always the same *pulsatilla* and *nux*, no matter under what pathological classification—for convenience' sake—they may appear. Dear old Father Lilienthal, though now many years gathered to his Fathers, we still recall his genial countenance, his nervous earnestness, as when we first saw him at the Niagara Falls meeting of the Institute many years ago. There, too, we heard his quaint way of calling it "antip-soric" and other peculiar expressions.

But he was a power in the old Homeopathic school. He was a wonderful student and a conscientious one. Not a line of his writings in all the many, many years in which he was in the harness as teacher and writer needs to be revised; it was true when written, and continues so. He was one of that splendid great coterie of old first-growth homeopaths most of them converts from allopathy of whom we have only a few left to-day. He dedicates his book to Dunham, Farrington, Hering, and Lippe, those truly great homeopaths and without whose unselfish studies and labors it is questionable if Homeopathy would occupy its present exalted position as a school of medicine. Think, ye second generation homeopaths, what that immortal Big Four accomplished in the span of their lives; how earnest they were; how religious sincerity marked their coming and going; and what treasures they left for the aftercoming generations. They built for time and eternity as they believed. Truth could not be forever crushed out. They labored on in the difficult path of hewing out a place for Homeopathy in the history of the world. Lilienthal while never an original-thinker—so far as we are able to learn—was a faithful worker, an honorable and upright man. Day by day the list of these same homeopathic heroes is becoming smaller and smaller, and ere long the tale will be told, as Talcott said, by an asterisk in the list of membership of the various societies to which they belonged. To return to our book. No homeopath should be without it. It is one of the finest books on Therapeutics in the school to-day. Other compilers have brought out more modern books, but like Hahnemann's original "*Materia Medica Pura*," Lilienthal's "*Therapeutics*" are pure gold and worth every penny of the purchase price. The Fourth Edition is not, as we understand, aught but a republication of the Third Edition, no pretense being made of any changes in the text. It was the last and loving work of dear, quaint Father Lilienthal to revise his book, then past seventy-five years old, and he did it well. In this concluding work he doubtlessly aspired to write himself firmly and immutably in the scroll of Homeopathic history.

Globules.

—In two of our first-class exchanges we note the advertisements of several pharmaceutical firms of better than mediocre standing and ability, which ads set forth by picture and letter-press the value of certain soluble, medicated uterine dingus-es, whose real purpose is so plain that the wonder is some snooping anthonycomstock agent has not fallen afoul of the same before now. One of these cup-shaped soluble things, which is made to fit the "upper vagina, to cover the os

uteri," etc., contains zinc-sulpho carbolate, boro-glyceride, cassia, and thymic acid; and the other firms issue practically the same. It would indeed be a dull and ridiculously dense doctor who didn't know the purpose of these chemicals. The price is so moderate as to be within the reach of the poorest; and besides being cheaper they are neater and handier than the fountain syringe of the alleged typical American wife whose only other domiciliary asset is a poodle dog.

—From all sources of information accessible to us as a homeopath we are quite convinced that the Alkaloidal Company is making big strides into the general medical profession. Its medication has the distinct merit of being exact and appeals to the practitioner, not only to him who is crowded with business, but as well to the younger man who is anxious to make quick work of his few cases and thus establish his reputation.

There ought to be no doubt as to which would be chosen, the alkaloidal or the former old-school therapy, when they are in the balance. The claims this company has been making for the active principle during the past twenty years are well substantiated in the greater success which has greeted this enterprising company. Not even a devastating fire could quench the ardor and enthusiasm of Dr. Abbott. Sorry he isn't a homeopath for he would be a homeopath of the homeopaths, but since he is an alkaloidist he is one of the finest.

—The New York *Press* of February 15 last, under title of "Obsolete State Medical Boards," agrees with the New York *State Journal of Medicine* in denying the longer necessity, if it ever existed, of a Three-Board Medical Examination and Registration System for New York State. Its arguments are the usual demagogical appeal to the pockets of the citizens, and the no longer existent different schools of medicine; also that the osteopath, and any other 'path who may flit across the medical horizon later, is as justly entitled to a separate Board as the Homeopaths and Eclectics. We, though homeopathic, can appreciate the point of the argument for a single Board when it is based upon the matter of expense to the tax-payer; if that were the whole tale it would soon be told; but that is not true; the purpose of the destruction of the tri-Board is to put the numerically greater school of medicine—the allopaths—in numerical power; and the chances of the other schools, so far as rights and privileges before this one Board would be concerned, would be exceedingly small and growing continually smaller. The letter of Dr. John L. Moffatt to the editor of the journal cited, answers most excellently the statement that homeopathy has disappeared as a separate school. Now, is about the usual annual time for a few of the *advanced* homeopaths to put up that "talk" of the near amalgamation of the schools. It is talk of that kind which has brought

about this feeling in the old school that Homeopathy is no longer a distinct school of medicine, being only an addendum to the old-school practice. It will be a calamity, to be forever deplored, if the New York brethren permit the dismantling of the Three-Board system and the substitution therefor of a One-Board system with members appointed thereto according to the numerical standing of each school in the State. Are the New York homeopaths sufficiently interested to fight this war to the finish?

—The *Medical Counselor* for February, as an initial editorial article, describes the Mayo clinics at Rochester, Minn. We have for several years past tried to get a paper or statement concerning these eminent men (and brothers) but whom-ever we approached for such statement, invariably answered that every man who is admitted to these celebrated clinics gives his personal word of honor not to advertise or describe the clinics for publication. Hence, we are moved to wonder how the *Counselor* got permission to publish its terse but well-written editorial.

—The *Medical Counselor* has developed an editor who edits. His editorials are crisp and bright; they are just "flippant" enough to be easily read and digested and they bear no trace of the smoky kerosene oil. We hope to find the putative editor's name in next year's Institute roll of members, for by some accident or oversight it fails to materialize in the proof galleys for this past year's Transactions. Every good editor of a homeopathic journal, every professor and teacher in a homeopathic college—in short, not to put too fine a point on it—every homeopath should be an active, contributing member of the American Institute; contributing not only of his financial largess, but as well of his daily experience and practice.

—Dr. H. F. Biggar—the G. O. M.—Grand Old Man of Homeopathy, as Dr. Burford of London calls him, was present recently at a "round-up" of his alma mater, the Toronto University, and was one of the speakers at the Chancellor's table in the banquet. It was a fine and notable collection of eminent men from every walk of life who foregathered and renewed their youth in that day and hour of the reunion.

—Dr. Willard A. Paul of Dorchester, Mass., has been appointed Chairman of the Bureau on New Members for the American Institute of Homeopathy vice Dr. H. E. Spalding, who resigned. Dr. Paul is an enthusiastic and energetic worker, and will come down to the Jamestown Exposition with a quiver full of new members, or some excellent plans for securing them. Dr. Spalding was badly hampered in his work by an overzealous by-law that none could become Institute members who were not also State Society members. Needless to say, when the attention of the Institute was called to the negative value of the by-law, it was promptly suspended for the 1906 session,

and a motion to set it aside permanently was properly entertained by the President.

—The irrepressible but happy, if sometimes sharply incisive Mastin of the *Critique*, makes a passing fling at that ridiculous alleged alienist Wiley who put his foot in up to his olecranon process in the malodorous and filthy Thaw case. And in another of our virile exchanges (name not recalled at this instant moment), we find the question of expert medical testimony propounded by Hennessy to Mr. Dooley, but without the usual sagacious answer forthcoming. A long while ago, Porter of the *North American*, had a valuable article, editorially, on this topic which reviewed the subject in Porter's always trenchant-Toledo-blade fashion. He deprecated and condemned the customary and perfunctory fashion of testimony given by alleged experts, and showed how such "testimony" was weakening all real expert testimony in the courts of the land; and how that it was becoming a stench in the nostrils of the people. We, in Cleveland, have a man of letters, a LL.D. by work and merit from a famous university, a medical man of many, many years' practice, a medical teacher for more than a generation, a surgeon whose work is known wherever Homeopathy is known, as conservative, painstaking, skillful, and successful, and, besides all that, "a gentleman of the old school," who has specially prepared himself for expert work and is in constant demand. As our many readers have already surmised this exemplary homeopath, surgeon, and expert, is Dr. H. F. Biggar.

—"All things come to him who waits." At last we learn that the X-ray has a real value. Current reports say it is used in certain custom-houses of our glorious land to spy out the hiding places of valuables (of the metallic order) on the bodies, and in the baggage, of incoming Trans-Atlantic passengers.

—Have you-uns all noticed how that so many of our homeopathic journals are using *American Journal of Surgery* short items for "fillers"? Time was when the empty spaces on pages were filled with homeopathic materia medica notes, as Anshutz of the *Hom. Recorder* still continues to use them.

—Dr. B. Kranz (one of our friends at the London International Homeopathic Congress in 1896) writes us that he has changed from the Homburg Institution to the Homeopäthisches Sanatorium at Davos. The descriptive matter sets forth a very well prepared institution, and the rates—tariff it is called over the water—are very reasonable. P. S.—Where is Davos?

The American Physician.

ISSUED MONTHLY. This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. A. L. CHATTERTON & CO., Publishers.

The American Physician

MAY, 1907

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

UNDER the dainty title of "A Delicate Subject," the Ohio State Medical Journal, for March 15th, publishes a paper by a doctor, in northwestern Ohio, which has considerable fun at the expense of the Christian Science people and the Homeopaths. What particular animus he had against the Scientists is not especially apparent in his attempted ridicule of their ways and doings, unless it should prove to be a fact that some "practitioner" in his town healed up a few of his incurable cases, as the Scientists are reported to have done elsewhere. But for Homeopathy, this medical Merry Andrew uses the dried bladder and the slap-stick, and makes much merriment for his readers.

* * *

IN view of the alleged fact that the author received his medical education in the office and at the hands of an eminent medical man, and homeopath, and was, later, graduated from a homeopathic college, it comes with ill-grace for him to throw dirt at his preceptor and to befoul his alma mater. The occasion did not call for such conduct on his part. However, even so, he should have adhered somewhat to the truth.

* * *

HE says: "What better proof of insanity is needed than some of the fixed delusions of the illustrious Hahnemann? Take, for example, his provings and teachings of Lachesis. Lachesis is the poison of the lance-headed viper. To begin with, it is very doubtful if any drops of the pure article have ever reached the United States; second, alcohol is, to a certain extent, its antidote; third, his directions are: to one drop of the drug add ninety-nine of alcohol; give a certain number of shakes to the phial and the first dilution is produced, called one X or first potency. . . ."

* * *

THE Doctor shows his ignorance in all of these statements. In the first place Hahnemann had nothing whatsoever to do with Lach-

esis; it is even doubtful if he ever heard of it. Lachesis is the creation, if we may so term it, of one Constantine Hering, a celebrated old-school physician, who, because of his erudition and logical mind, was selected by his faculty to read up and demolish this nonsensical idea of Homeopathy. He, too, came to scoff but stayed to pray. While in South America he succeeded in getting enough of the poison of this poisonous snake to make a proving. Having left the lower and groveling grounds of the material old school, and knowing full well the feeling of some members in the homeopathic school against the higher potencies, he kept his counsel as to the remedy and the potency upon which he asked provings and cures. He got both. This he continued to do for ten years—mark that! For all of that time he told no one what they were taking. In 1837, then, he called for the records and got them. They bore out absolutely every claim he had made for his remedy. Then he announced the remedy and the potency—nothing below the 30th—and at once encountered the old "rebel" yell that it was all imagination. But he had 'em—so Hering had. He had their day-books and could now speak by the card.

* * *

THAT would have been this modern critic's psychological moment for introducing, as original, his blackboard of ciphers to demonstrate how many—almost innumerable—ciphers it would require to show the proper denominator for the 30th potency. It was probably shown then as it has been shown hundreds and thousands of times since, doubtlessly many times even before the original segmentation of this contributor was dreamed of. Oh, no, sir, they can't put you in jail! But the power of Lachesis to produce results has not ceased in all these years wherever it was indicated by the symptoms—and when it was not indicated, even a half-teaspoonful of the crude poison could not have effected a cure.

AS to the antidotal action of alcohol, that may be subject for some question and contradiction. There was an old theory—a very pleasant one, too, for some people of a bibulous nature—that whiskey was good for consumption, and snake bites, especially the latter when goin' a-fishin'. But according to the Doctor's present school of adhesion we would be willing to wager a round-holed fried-cake against a square-holed doughnut, that this ex-homeopath would mosey around pretty lively for some other antidote than a three-fingered swig of Under-roof or old Robertson County, if he had a genuine case of snake-bite on hand or foot. It happens, however, that the evidence in the hands of Messrs. Boericke & Tafel, the original owners of Lachesis, is unimpeachable. And, later, other Lachesis heads were sent them carefully preserved in glycerine; so if you don't like yourn done in alcohol, you may have them in glycerine.

* * *

THE veriest Freshman in a homeopathic college to-day knows that adding one drop of the remedy to ninety-nine of alcohol does *not* make the one X. He also knows that Dunham disproved the necessity for a certain specified number of shakes to each potency; in short, the Doctor evidently knows nothing of even the most elemental principles of Homeopathy.

* * *

AS to his attempted ridicule of infinitesimal dosage, the learned author is evidently not abreast of the progress made in this direction by his own present school of adhesion. He ought to sit up some night and read what his school is doing in the laboratories—in its chemical discoveries, its serum therapy, and its latest plaything, the opsonic index. After that he will not be so anxious to muckrake the infinitesimal dose or fire undesirable offal at his alma mater. He would know that the better element in his present school is rapidly deserting its old ideas of grossness and materiality in posology. Of course, the Doctor can tell his readers exactly what cures in his tablespoonful of black mess, or in his sweet-coated pellet or wafer—stolen from the homeopaths—whether it is the sugar or the sugar of milk, or the color, or the taste, or form, or smell, or flavor—or what not? And when he does this to the satisfaction of his own school, he will receive the next \$40,000 Nobel prize.

THERE is a concluding word, possibly in extenuation, and possibly in explanation, of the man's ignorance of Homeopathy. Up to a not very remote date there were still Professors of Materia Medica in Homeopathic Colleges who would not teach Lachesis, and one, at least, in our own knowledge, who would have naught to do with Sulphur. In other ways, too, there were alleged Homeopathic teachers who cut away from true Homeopathy and were permitted to hold down responsible chairs. If the author of "A Delicate Subject," sat under a Professor of this order of homeopathic knowledge, or polished the benches in a college teaching this form of Homeopathy, we are not greatly astonished at his muckraking, though he might have omitted his untruthful reflections on Homeopathy itself. The main difference between himself and others perhaps of the same year of graduation is that he went out boldly, while the others merely rubbed out the word HOMEOPATHY from their strap iron shingle and took up acetanilid-Homeopathy and pound-bottle specialties.

♦ ♦

Cimicifuga (Black Cohosh).

BY M. E. DOUGLASS, M. D., BALTIMORE, MD.

This indigenous plant is comparatively common all over the eastern half of the United States and in Canada, growing in rich, open woods, and along the edges of fields, but especially noticeable on newly-cleared hillsides. Black cohosh was a favorite remedy among all tribes of the aborigines, being largely used by them in rheumatism, disorders of menstruation, and slow parturition. It was also used as a remedy against the bites of venomous snakes.

In England its use began in 1860, and was confined to chorea, rheumatism, dropsy, hysteria, and affections of the lungs. In convulsions occurring periodically, connected with uterine disorders. The statement of Dr. Wheeler that some eminent physicians thought it to be a good substitute for secale cornutum in parturition, relaxing the parts and thereby rendering labor short and easy, is one that should have received much attention.

In all the above uses, except, mayhap, those concerning the lungs, we have *proven* its application trustworthy. Its usefulness in phthisis, when given in proper dosage, is simply to palliate the cough through its action upon the nerve

centers. It will be found in most cases to act with far more constant success in females than in males, as its action upon the female economy is marked and distinctive.

No perfectly satisfactory analysis of *cimicifuga* has yet been made, but it seems probable that there is no alkaloidal principle contained in it; and, on the other hand, that there are a volatile oil and two resins. A resinoid extract can be obtained by precipitation of the alcoholic tincture with water.

Physiological Action.—*Cimicifuga* acts as a severe irritant to the nerve centers in general, and causes, through its action upon the vaso-motor system, cerebral, cerebro-spinal, and pelvic congestion, followed by inflammatory action, especially upon the nerves themselves. The chorea-like spasmodic action following the exhibition of the drug is of two types, one having apparently a rheumatic basis, the other uterine; the latter is most common, as the choreas, curable by this drug, will be found aggravated or originating at the age of puberty or during menstruation. It causes rheumatic pains resembling those of torticollis, lumbago, and especially pleurodynia, sympathetic angina pectoris, and rheumatic gout. The drug seems also to cause irritation of the uterus directly, especially when this irritation is rheumatoid in its character, and in consequence, the individual under the effects of the drug will present symptoms of epileptiform or hysterical spasms, restlessness and jactitation of muscles, dysmenorrhea or amenorrhea, cephalalgia, infra-mammary pain, etc., as the case may be. In pregnancy it often causes abortion, and in labor will stimulate the uterus and cause rapid, painless expansion of the parts. It produces free nausea, with abundant expectoration, followed by nervous trembling, vertigo, and remarkable slowness of the pulse.

The homeopathic θ is made from the fresh root and is almost opaque; in thin layers it has a deep olive-green color by transmitted light; it retains the peculiar odor of the root; its taste is at first peculiar, soon becoming very acrid and bitter, and its reaction acid.

Let us now look at the allopathic uses of the drug, and notice how the treatment is based upon the homeopathic provings. I quote from a recent allopathic writer. He says: "The action of *cimicifuga* upon the heart and kidneys forcibly reminds us of the power which, under similar

circumstances, is exerted upon those organs by infusion of *digitalis*. That the action of *cimicifuga* upon the heart is strongly stimulating, and tonic, there can be no doubt; though this may be partly attributable to the action being exerted through the medium of the nervous system, since we frequently observe this medicine to prove singularly efficacious when the pulse is quick, or even *too slow*, with frequent intermissions, and accompanied often by much dyspnea, and cold, and rather clammy perspirations. I have frequently seen it relieve most distressing dyspnea, when the heart has been weak and its action irregular, and this even when *digitalis* itself had failed to be serviceable.

"In general anasarca, attending this same condition of the heart, when the urine is scanty, the pulse slow and irregular, and the breathing much oppressed, so that the patient is for nights together quite unable to lie down, I have prescribed *cimicifuga* with results most favorable in every way, the action of the heart becoming strengthened and quickened, the irregularity of the pulse being subdued, and a copious flow of urine being induced, with consequent early disappearance of the anasarca. It also appears to possess a powerful affinity for the *muscular system*. Hence, we may daily observe examples of its curative efficacy in removing localized rheumatic affections, such as wry-neck, lumbago, pleurodynia, and intercostal and abdominal rheumatism. It is valuable also in alleviating the pains which arise from rheumatism of the uterus.

"In rheumatic fever I have upon several occasions, found this drug very serviceable. It has quickly relieved the pain, and subsequently reduced the frequency of the pulse, causing profuse perspiration, and often changing the quality of the perspiration, which under the influence of *cimicifuga* has become less acid. In colds of a rheumatic and catarrhal kind, when the patient suffers from aching, or from severe pain in the upper or the lower jaw of a neuralgic character, and often attended with coryza or sore-throat, it is again to be regarded as an efficient means of relief. In rheumatic neuralgia generally, and in many of those nervous headaches familiarly termed "sick," and which baffle all the accustomed methods of treatment, it is also to be strongly recommended. Ordinary rheumatic headaches give way to it readily, and so do the headaches which occur during or about the

menstrual period. Its utility in dispelling the pains attendant upon rheumatism of the uterus, I have already mentioned.

"I wish to lay stress upon the influence which this medicine possesses in cases of spinal irritation, aggr. during the menstrual period, or very soon afterward, and which depends, in all likelihood, upon some sympathetic or rheumatic affection of the uterus. Several such cases have come under my personal observation, and I have had sincere pleasure in watching the salutary effects of the medicine as an alleviant of the symptoms most trying to the patient. Upon the uterus the effects of *cimicifuga* are truly remarkable, as also in puerperal mania and in peritonitis, especially in the rheumatic form of the last named disease. I have known it check ordinary menorrhagia when the discharge was of a passive character, coagulated, and dark, the action again reminding us of that of *digitalis* in controlling this very troublesome disorder." Dr. King, one of the best Eclectic authorities, describes it as being useful in amenorrhea, dysmenorrhea, leucorrhea, etc., and as a *partus accelerator*, he asserts that it may wisely be substituted for ergot, bringing on the expulsive action of the uterus both speedily and energetically; and, lastly, he assures us that after labor it will be found effectual in allaying the general excitement of the nervous system, and in relieving the after-pains. These results have the advantage over those attained by the employment of ergot, in being unattended by the powerful and continuous contractions of the uterus which ergot occasions, and consequently there is less danger to the child. Ergot, moreover, lessens the susceptibility of the organ to subsequent doses, should they be needed; whereas with *cimicifuga* there is no such result—the action of the last-named medicine being to excite the uterus freely and normally, but neither imperiously nor in such a way as to interfere with renewed use. Like ergot, *cimicifuga* is again useful in checking the hemorrhage which follows parturition, especially when tediously prolonged, and either profuse or otherwise.

As would be expected from what has been said, it has proved itself a medicine of great value, not only in connection with childbirth, but in puerperal hypochondriasis. I have prescribed it with success in suppression of the menses, brought on by cold, and attended by rheumatic pains in the thorax, the lumbar region, and the

limbs, and especially when the subject has been one of a nervous habit. In this respect *cimicifuga* resembles *pulsatilla*, which itself is an excellent remedy in the treatment of suppression of the lochia or of the catamenia.

I have prescribed *cimicifuga* for patients suffering from spermatorrhea and nocturnal emissions, and who experienced the very usual accompaniments of melancholic hypochondriasis, and in most cases the effect of the medicine was highly beneficial. I am persuaded that it is an excellent tonic for the nervous system, and that its operation is good in delirium tremens, for which I have several times prescribed it. One recommendation, when compared with *digitalis*, is that it does not interfere with the digestive system in the way that foxglove does, but, on the contrary, rather increases and strengthens the appetite. The tremors and vertigo it certainly removes in a short space of time. While under the influence of *cimicifuga*, the patient often sleeps calmly, and awakes refreshed.

In conclusion, I may mention that I have seen the effects of this medicine excellently illustrated in cases of long-standing chorea. In several instances the disease yielded to it rapidly. Such cases, as a rule, are attended by menstrual irregularity, and the patient often suffers from intercostal, or mammary, or uterine pains, of a rheumatic type. Sympathetic pains and neuralgias, which arise from the so-called "irritable uterus," no matter what their precise character, are quickly relieved by *cimicifuga*—again proving this medicine, though hitherto so little regarded, to be one of the most valuable that we have at command.

Our author recommends a tincture (four ounces of dried root to pint of spirit), dose from ten to fifty minims.

I shall give but few characteristic symptoms, but they are of inestimable value.

The first is: Great melancholy, with sleeplessness. Declares she will go crazy. Sensation as if a heavy black cloud had settled all over her and enveloped her head.

This is a peculiar symptom, but I have, on several occasions, had this symptom given me by patients, and *cimicifuga* has promptly relieved.

Other symptoms are: Imagines strange objects in her room, and on her bed.

Aching pain in head, particularly in occiput,

indoors. Feels as if the top of the head would fly off.

Great tenderness on pressure over the uterine region.

Hysterical or epileptical spasms at time of menses.

Rheumatic pain in the muscles of the neck and back; a feeling of stiffness and retraction. Excessive muscular soreness.

Rheumatism affecting the belly of the muscles.

Nervous shuddering; tremor all over the body.

We will now take a glance at the homeopathic uses of the drug under consideration.

CEREBRO-SPINAL GROUP.

Cimicifuga has caused: Heaviness, dullness; acute pain over the eyes (left or right, or both); headache through the temples, as if the head would burst; pain in the eyeballs, even in the very center of the eyes; the brain felt too large for the cranium; pressure in the head; redness of the face and eyes; the eyes feel as if swollen; the eyes looked very much congested; headache with pressure outward and upward; unbearable in its nature; pain over the eyes, extending along the base of the brain to the occiput; severe pain over either eye, extending to the eye and to the base of the brain, with dejection of spirits. Severe remitting headache of long standing, occurring every day at the same hour; severe pain in the forehead, extending to the temple and vertex, with fullness, heat, and throbbing; when going upstairs, sensation as if the top of the head would fly off; headache, relieved in the open air.

These symptoms indicate the use of *cimicifuga* in headaches of a rheumatic origin and in those severe headaches of women, who labor under menstrual or uterine disorders. Pain in the back and along the spine are important concomitant symptoms. Especially adapted to weak, nervous, hysterical persons; of value in the treatment of headaches brought on by a debauch or by close and long-continued study.

Cerebro-Spinal Meningitis.—*Cimicifuga* becomes of value in the treatment of this disease, when distressing rheumatic or neuralgic complications exist: it is of little service in the true inflammatory type. The following symptoms indicate the drug:

Delirium, like mania-a-potu, with nausea, retching, dilated pupils, tremor of the limbs;

quick, full pulse, and wild look out of the eyes. Intense throbbing pain, as if a ball were driven from the neck to the vertex with every throb of the heart. Tongue swollen; breath offensive, pharynx dry; dysphagia; roughness and hoarseness of the voice. Pain in the back, of a drawing, tensive character, or dull and heavy, with tenderness on pressure. Nausea and vomiting attend the pain in the head. Alternate tonic and clonic spasms, night and day. *Spasmodic jerks, like chorea*. *Rigidity of the muscles of the neck and back*. Intense aching pains in the back, head, and all the joints of the extremities, like the pains which accompany the fever of variola. Eruption of white pustules on the face and neck; sometimes large, red, and papular.

Irritability of the Spine is a prominent symptom of this remedy and has been cured under its exhibition.

MENTAL GROUP.

Inability to fix the attention; a sort of delirium, with an inclination to run over the subject, which he was reading. Miserable, dejected feeling; feels grieved and troubled, with sighing. Delirium with nausea, retching, dilated pupils. Vertigo, impaired vision, dizziness; apprehensiveness and sleeplessness; incessant talking. Sensation as if a heavy black cloud had settled all over and enveloped her head, so that all was darkness and confusion, while at the same time it weighed like lead upon her heart.

Cimicifuga is a most important remedy in the treatment of those mental diseases, which arise from serious disturbance in the nervous system, depending upon either of the following primary causes: Loss of vital fluids by excessive hemorrhage or by nursing infants; nervous disorders of pregnancy or of the climacteric period; excessive care and anxiety, too close application to business or to study; derangements in the sexual sphere, from excesses, with irritation of the nerve-centers, tenderness along the spine and shifting rheumatic pains.

NERVOUS GROUP.

The effect of this drug upon the nervous system is well-marked. Its primary effect is to excite the nervous system; when the organism reacts, we get the secondary effect, prostration. It acts both upon the nerves of sensation and of

motion, producing shifting, darting neuralgic pains in the former, and twitching, spasmodic jactitations and tremors in the latter.

It is well known that a terribly destructive effect is produced upon the nervous system by the immoderate use of alcoholic stimulants. When this culminates in delirium tremens, cimicifuga may become to the pain-racked patient a very messenger of mercy. Few remedies present in their pathogenesis so great a similarity to that form of delirium tremens, which depends upon a constantly increasing accumulation of nervous disturbances, produced and reproduced daily, until the whole nervous system finally gives way to the destroyer of its vigor and health. A few drops of the tincture of the black cohosh will often relieve with wonderful promptness.

The *opium* or *morphine* habit also is productive of the most serious disturbances of the nervous system. Cimicifuga is a close simile in such cases, especially in the utter despondency, which is alike characteristic of the drug and of the permanent ill-effects of opium. By removing many of these effects, the patient is not only made comfortable, but is enabled to make a persistent effort to save himself from a continuance of this destructive habit.

INFLAMMATORY GROUP.

Cimicifuga is a valuable remedy in *rheumatic* and *other inflammations of the eye*, either of the eyeball itself or of the muscular appendages, with increased secretion of tears, stinging pain in the eyes and swollen eyelids, pain in the very center of the eye; weakness of vision and congestive headache.

Pneumonia.—Cimicifuga has caused dry and hacking cough; acute pain in the right lung, aggr. by every inspiration; lancinating pains in the left side, along the cartilages of the false ribs; soreness of the chest; neuralgic pains of the chest. These symptoms might justify its use in pneumonia, with strongly-marked rheumatic symptoms; or rather in

Pleurodynia, especially of the right side; the pain is worse from motion, extorting screams; articular rheumatism of the lower extremities, with much swelling and heat of the affected parts. In

Catarrh of the Larynx and Bronchial Tube, cimicifuga is often a useful remedy. Dr. Ingalls

gives the following indications: Hoarseness, unpleasant fullness in the pharynx; constant inclination to cough, caused by a tickling sensation of the larynx in the evening; fluent coryza of whitish mucus during the day; aching pain in the head; very profuse greenish and slightly sanguineous coryza; fullness of the pharynx and constant inclination to swallow; great sensitiveness to cold air.

We prescribe cimicifuga in *Rheumatic Affections* depending upon over-exertion and exposure, and affecting the various muscles of the body, including the uterus and heart. We usually find much soreness; little, if any, fever; nausea, loss of appetite; severe headache; uneasiness and restlessness; gloomy anticipations of trouble in the future; the symptoms are aggr. from motion.

Before leaving this group, mention should be made of the use of cimicifuga in smallpox. The remedy, in its provings, has not developed any remarkable skin-symptoms. Many symptoms of smallpox, however, suggest cimicifuga, such as the severe and often excruciating pain in the *back* and in other parts of the body, the headache, the pain in the eyes, and the mental symptoms. Several physicians report excellent results from its use.

SEXUAL GROUP.

The sexual organs of women are affected in a marked manner; the effects are due to the action of the drug upon the nervous system, and through it, upon the muscles. We find, sensation of weight and bearing down in the uterine region, with heaviness and torpor in the lower extremities. Irregularity, tardiness, and suppression of the menstrual flow. Shooting pains in the uterine region, from side to side. Shooting pains in the ovarian region, running upward. Bearing-down pains in the uterine region and small of the back, with heaviness of the limbs; severe aching in the lumbar and sacral regions, down the thighs and through the hips, with heavy pressing-down; prickling sensation in both mammae; leucorrhœa, with bearing-down pains.

In the many affections of *pregnancy*, arising from uterine irritation and reflex action upon the organisms, nervousness, hysterical affections, rheumatic and neuralgic difficulties, mental depression, etc., the proper use of cimicifuga is attended with highly-beneficial results.

It is indicated in *labor*, when the pains resemble a rheumatic pain rather than a true, expulsive uterine contraction; they shift about constantly or seem concentrated in the back; there may be rigidity of the os uteri and a tendency to spasms.

♦ ♦

Treatment of Cerebro-Spinal Fever.

BY JOHN MCLACHLIN, M. D.

While taking note of all recent investigations in the fertile field of bacteriology, and of the reputed causal relation of microbes to disease, the homeopathic physician must not magnify the microbes into bogies, being firmly convinced that the indicated remedy will cure the case (where cure is possible) just as if they were not there. It can make no difference to the indicated remedy whether the microbes are the *cause*, or merely the *concomitants* of the disease. We must not allow the microbes to tie our hands, or make the presence of this or that micro-organism an excuse for sitting down and doing nothing. Microbes must have existed from the beginning, and if they cause disease now, they caused it then; but the "old brigade" cured their cases in happy ignorance of diplococci, pneumococci, staphylococci, streptococci, etc.

It is the great privilege of the homeopathic physician to be able to foretell, to know in advance, because Homeopathy is a science in the truest sense of the term—the science of therapeutics. The following medicines, among others, may be consulted, preparatory to searching the *Materia Medica*:

Aconite.—At the onset of the disease, when there is *much fear manifested*, and mental or bodily restlessness; no position is satisfactory. Chill and fever with great thirst for cold water. Despairing mood and fear of death. Painful stiff neck. If this medicine is of use at all, it must be at the beginning, and before exudation has taken place. From a theoretical point of view, one would not expect it to be a remedy of the first rank in this disease. Still, if its characteristic symptoms are present, it should be used, theories notwithstanding. The same holds true of *belladonna*.

Apis mel.—Great restlessness and tossing which affords no relief. Crying out and screaming as from stabbing pains. *Great* pain in the occiput, and sensation of stiffness in the neck

and back. Scanty urine, but seldom any thirst. Numerous spots or little elevations all over the body, red or purplish. Smoky opacity of the cornea and obscuration of sight. Constipation with retracted abdomen. Stupor and stertorous respiration and sometimes great dyspnea, as if every breath would be the last. Pulse may be slow. Squinting, grinding the teeth, and boring head into pillow. Patient very fidgety and whining. On theoretical grounds, this medicine should be often indicated.

Cicuta.—Moaning or complaining; pupils dilated or contracted; dumbness and deafness; face ashy pale or bluish; cramp in the muscles of the neck, with inability to move or turn the head; the head is spasmodically drawn back, with stiff neck; trembling or starting or jerking of limbs; irregular respiration, starting at the least noise; violent jerks in any part, or throughout the whole body; rigidity of the spine; strangulation on attempting to drink; violent convulsions, after which the patient lies as if dead: trismus; insensibility; double vision, *dilated pupils* and staring look; jerking of the eyeballs, muscles of face, arms, and hands.

This is a most likely medicine. Dr. J. H. Baker, Batavia, U. S. A., has reported a series of sixty consecutive cases of the disease, in all stages and in all degrees of severity, treated by this medicine alone without a single death. (*Hahnemannian Monthly*, vol. viii., p. 42.)

Camphora.—When there is great coldness and paleness; almost pulseless from the first shock of chill, without reaction. The skin is cold as marble, deadly pale or blue, yet the patient does not desire covering. There is often cramp in the stomach, and the pulse is small, weak, and slow.

Most likely to be useful in the *fulminant variety*—the meningitis cerebro-spinalis siderans of Hirsch, and the *méningitis foudroyante* of French writers. The poison seems to fall upon the patient like a thunderbolt. He is struck down without warning in the midst of health, and speedily falls into a state of collapse, and may be dead in a few hours. There is usually a violent chill, and the skin becomes blue and cold; it may be clammy to the touch or bathed in a profuse perspiration. The face is shrunk and livid, the eyes deep sunk in the orbits. There is retraction of the neck, and general convulsions may usher in profound coma, the forerunner of death. The pulse is weak from the onset, and quickly grows

more rapid and faint. Death usually takes place in from five to twelve hours. Tourdes, writing of the epidemic at Strasburg, in 1840 and 1841, states that soldiers full of youth and strength were stricken in the street, at drill, in the barracks, whilst at meals, and succumbed in a few hours.

Crotalus.—Intense headache with feeling of tightness in the brain. Red face and delirium with open eyes. Red ecchymosed spots all over the body. Pain in all the limbs. *Heart-beat feeble*. Convulsions and paralysis.

Gelsemium.—When the attack is ushered in by blindness, then headache and a feeling as if a *band were round the head*. Great drowsiness; itching of head, face, and neck; loss of vision and speech; nausea; feeble pulse and labored respiration; trembling and complete loss of muscular power; *sweating relieves*. Eyelids paralyzed; double vision and dilated pupils. Dull pain in the back of the head. *Feels as if intoxicated*. Head feels too large, and eyeballs feel sore. This medicine was used by Bartholow for this disease.

Opium.—Stupor with deep slow breathing. Congestion to head; *occiput feels heavy as lead*. Very quick or very *slow pulse*. Drawing the body backwards and rolling it from side to side. Spasms with tossing of the limbs. *Worse while sweating*. Delirium with wide open eyes. Face purplish and swollen (cf. *cicuta*—face bluish and puffed up). Fearfulness and tendency to start.

Helleborus.—Sensorial apathy. Face pale and puffed. Coporose sleep, with screaming and starting from stabs of pain. Rolls head night and day. Lower jaw sinking down; chewing motions of mouth. Squinting, pupils dilated. Bores head into the pillow; forehead wrinkled. Involuntary throwing or whirling about of one arm and one leg. Coffee-ground sediment in the urine.

Veratrum Viride.—During the first stage with coldness of the surface; loss of consciousness; labored, slow, and irregular pulse. Later, trembling as if frightened, and on the verge of spasms; convulsions with loss of consciousness; retraction of the head; rolling of the head, rolling up of the eyes; opisthotonos; very frequent and feeble pulse. *A red streak down the center of the tongue*. Dim vision with dilated pupils. Cold sweat on face, hands, and feet.

Many other medicines may be required, according to the special and peculiar symptoms manifested by the patient as:—

Aethusa, arg. nit. (strongly recommended by Grauvogl): *arnica* (stupid apathetic condition; great soreness all over as if bruised; ecchymosed spots on the skin): *arsen.* (extraordinary prostration of strength with great restlessness; great thirst, drinks little and often. For the intermittent type of the disease): *cimicifuga*; *cuprum acet.* (convulsions and cramps beginning in the extremities, especially in the fingers and toes): *digitalis* (slow pulse, white stools, bilious vomiting, and boat-shaped abdomen): *lachesis* (sleeps into an aggravation; neck stiff, and excessively sensitive to touch; hemorrhage from the bowels, looking like charred straws; ecchymosed spots on skin): *phos.* (for pneumonic complications): *rhus tox.*, *zinc* (constant fidgety motion of the feet; evidences of fear on awakening; rolls head from side to side; cries out, starts and jumps during sleep).

As regards individual symptoms:—

(1) Retracted abdomen, in.—*Verat. alb.*, *apis. dig.*, *cup. acet.*

(2) Spots on the skin.—*Arn.*, *apis*, *aethusa*, *crotalus*, *lach.*

(3) Opisthotonos with convulsions.—*Verat. v.*, *cicuta*, *dig.*

(4) Slow pulse.—*Apis*, *cicuta*, *crotalus*, *dig.*, *bell.*

(5) Sensation of a blow on the occiput.—*Cimi.*, *crotalus*, *bell.*, *nat. m.*

(6) Tongue white and furred with clean tip and edges.—*Arsen.*, *bell.*, *gels.* *rhus t.*, *sulph.*

These are merely a few pointers; individual cases must always be closely compared with the various drugs in the *Materia Medica*.

I have said nothing about *potency*, as each one will have to settle that question for himself. My own inclinations are towards the higher potencies. The late Henry N. Guernsey, in reference to this question, in Cerebro-spinal Fever, says: "In this grave disease I have the best success from using remedies ranging from the 200th to the 40m., always withholding the remedy at every amelioration, and usually repeating it at every aggravation."

Camphora, however, I believe should be used in the form of *Rubini's Tincture*, the size of the dose, mode of administration, and the frequency of repetition, the same as in the early stage of true cholera.

"Me an' th' Doctor."

BY JAMES S. SPRAGUE, M. D., STIRLING, ONT.

Extracts from a "Midwinter's Night's Dream," in which Handwriting was seen on the walls of our Temples.

There was a period in the history of medicine, and probably not forgotten by those who for thirty or forty years have been in practice, and have been observing the many changes, some for, and many in opposition to, not only our own, but the profession's best interests, when the doctor stood unchallenged, not one daring to make him afraid or dispute his utterances. In that happy period much respect was given the profession, and that most blasphemous and low-bred salutation, "Doc," of modern origin and disrespect, would never have been tolerated. However, with lapsing years, medicine has achieved the highest honors, and all civilized governments have vied with each other in their munificent gifts and manifold interests in medical advancements, and never in the world's history has medicine occupied higher levels, eclipsing the brilliant age in which Pliny lived. So much literature, eulogistic of our profession, is there preserved, "Cradled in story and nourished by song," that we need no proofs of our honored position among men. However, to those who admire the writings of Plato or his Dialogues of Eryximachus, the son of the physician Acumenus, confirmation will be given my statements. I have not these Dialogues in my library. Yet many years since I most pleasurably read them in the original; and for the advancement of our best interests, will not a brother, resident of a city having a university with a library of the classical writers of Greece and Rome, give in these columns a good translation of these Dialogues? Juvenal, in his Satires, names Archigenes (Satire VI., 290),

"'Tis she that knows the time for feigned disease,
'Tis she that sends to fetch Archigenes."

Pliny names several doctors who were given pensions by emperors. The lowest pension given was 250 sesteria (more than \$10,000). During the reign of Claudius, Stertinius, although the recipient of 500 sesteria from the Emperor, complained to this Emperor of the smallness of his annuity, stating that he could easily make 600 sesteria by city practice, and it is stated that Dr. Stertinius and his brother, equally honored, at death left a fortune of 300,000 sesteria. Rad-

cliffes indeed were they in their day, yet not excelling in their receipts those of the late Dr. Sir Henry Thompson, which were \$60,000 for an operation on the late King Leopold of the Belgians. It is needless to mention those interests wherein finance has prominence, except to announce that the receivers were donors of great liberality, and according to the researches of Dr. Shelton Mackenzie, and including the Stertinius brothers in their many acts of beneficence and endowments, evidences are numerous of the nobility and generous characters of our medical forefathers in all ages, as they were left alone in possession of the practice of medicine, although surrounded by quackery equally as rampant as now, equally encouraged, as it is and has ever been, by the church. Yet with all these unrelenting and formidable discouragements and impediments that superstition now and ever has nursed; yet the progress of medicine has not been interrupted, and its disciples, as a rule, are and have been the world's benefactors in its enlightenment, and widespread exposition of credulity and worship of unknown gods, whereas, it is too noticeable "that churches were built to please the priests," as Burns so truly remarks. However, although error stalketh abroad in mid-day, it is evident, although much assailed by malicious and false theories, the doctor stands pre-eminently among men—the ideal man. Yet he is, and always has been, considered an "easy mark." He as an oak tree, deeply rooted, grown strong by exposure to inclement times and seasons, has encouraged parasites by nursing or inane toleration, and these parasites, metaphorically, are the leeches, epigenous in character, that although marring the trunk's beautiful outline, cannot destroy the majesty of its highest and magnificent foliage. In this brief attempt at outlining the ideal status among men of the ideal personage denominated the Doctor, and intended as an introductory, an apology, or, better, as the first chapter, my wish is to illustrate with our best expression that the dignity, influence, and exalted standing of medicine for generations has been well sustained by its many and able disciples.

In this, the second section, or division of this paper, we will consider what may be held as our text: "The Doctor and Me." As the oak tree by its beauty, strength, and age has been intro-

duced as a metaphor to illustrate that whereas it had its outlines disfigured by extraneous growths, but such, although unnoticed in their early history, became great and apparently attractive to those not observant, and the time approached when the poisonous tendrils grew so luxuriously, yet lethally, in a manner, that although the sun-kissed summit of the giant oak was not obliterated, or its trunk concealed from the light of heaven, the "Me and the oak" period arrived. Thus with medicine, for its history is this, that either by negligence, love, or indifference of its followers in practice, its satellites have grown so sleek, bold, unrelenting, and forgetful of toleration that they consider it most unwarrantable to admit the first place for the doctor. "The Doctor and me" period in medicine is rapidly disappearing. The tendrils of the gigantic oak are not more effectively and assuredly obliterating its outlines than the followers, the nurslings of medicine are destroying and undermining the foundations of our very temples, dedicated throughout the ages to the master minds in medicine. This century has truly many encouraging promises to be considered the most brilliant, or among the most brilliant, of the centuries, and the historian who at its close, writes its history medical "in thoughts that breathe and words that burn," the doctor shall ever be named and placed as wisest of men, and among the wisest, and leaders of men, and of him it will be said: "Like Eros or like Athos bold and great, he shows his head divine; obscure in clouds he hides." Yes, "Continuous as the stars that shine and twinkle through the Milky Way," will the historian name his labors. "Stars of the first magnitude." As such will a Dr. Shelton Mackenzie name those who yet are in their medical youth? Yet we of all ages must assist, and age and experience especially must be heard, for there is, and will be, work for us, and toilsome and unrelenting must it be. For in our midst are those who, nursed by us at hospitals, and trained, too, who with egotistical arrogance are assuming not the expression, not "The Doctor and Me," nor "Me and the Doctor," but plain, yet pompous, "Me." Some several years since, the second expression I heard from one who had been graduated (?), and the wonders that she, or, as she stated, "Me and the Doctor," did, will never be eclipsed, and the "Me" status of supremacy has been reached, and the *nutritiv*

erudita is actually assuming authority, even occupying the *sedes exaltissima*—at least, is trying zealously for a sitting, and we as easy marks are indifferent to such invasions of our rights, so ruthlessly assailed and assumed by those whose duties were originally supposed to be those of assistants—plain assistants, not equals, disputants, critics, or fault-finders.

Yes, the "Me" order, for the honor which Medicine now enjoys, and which in great fullness is promised to her, must be warned of its unwarrantable ambition and its breaches of trust. However, there are those whose opportunities for the study of conditions herein named are great, who will be better prepared to finish this paper, and to them I leave the task—even the obligation, if our profession and its rights are worthy of maintenance.

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*Saccharum Album** (White Sugar).

Ears.—Discharge of pus from ears.

Nose.—Sneezing; dry coryza.

Face.—Changed expression of countenance; paleness of the face, death-like color of the face, twitching of the muscles of the right cheek over the malar bone.

Mouth.—Dullness of the teeth (with sour vomiting), a white coat on the tongue, so thick as to cause stiffness in it; Rhagades, cracks on the tongue.—Ranula, inflammation of the salivary glands—inflammation of the lining membrane of the mouth.

Throat.—Ulcers in the throat.

Stomach.—Appetite, morbid hunger with fever, nausea and vomiting, nausea, early in the morning;—Violent retching;—Vomiting of white viscid, tough mucus;—Periodical vomiting;—Vomiting of blood;—Acid vomiting making the teeth dull;—Stomach overloaded with sour mucus;—Occasional vomiting with chill,—Bloated stomach;—Impaired digestion;—Disordered stomach;—A burning at the pit of the stomach;—Heat in the stomach;—Coldness of the stomach;—Pressure in the stomach, in morning when fasting;—Painful constriction of the stomach;—Painful sensitiveness of the pit of the stomach;—Pain in the stomach, with hypochondriacal persons.

Abdomen.—Swelling of the liver;—Induration of the liver;—Increased secretion of bile;—

* *Nilambar Hui, in Indian Homeopathic Review.*

Swelling of the spleen;—Pain in both hypochondria, in persons with liver and spleen;—Abdomen swollen (enlarged);—The abdomen shows the presence of water on percussion;—Hard abdomen in children;—Hardness and swelling of the abdomen; abdomen as hard as stone;—Painful hardness of the abdomen;—flatulency;—Atrophia mesenterica;—swelling and induration of the mesenteric glands.

Rectum.—Painful hemorrhoidal tumors;—hemorrhoidal congestion.

Stools.—Diarrhea, stool watery and debilitating, mixed with mucus and blood, bilious;—Constipation with mucous diarrhea;—Constipation, difficult stool;—Constipation.

Urinary Organs.—Sharp burning pains would run up from the kidneys to the shoulders, passing under the scapula.—Great pains in the kidneys.—Increased urination; strong urinous odor and white sediments;—Profuse urination, diminished, very scanty secretion of urine.

Sexual Organs.—Male.—Swelling of the genitals;—Enormous swelling of the scrotum;—Increased sexual desire;—Frequent involuntary seminal emissions. Female.—Catamenia diminished;—Menstrual blood is pure;—Suppressed fluor albus.

Respiratory Organs.—Larynx.—Irritation of the larynx, causing a slight hacking cough, with yellow saltish expectoration, which floats on water;—Dry rawness in the tongue. Voice.—Hoarse catarrhal voice.—Hoarseness from reading but a short time;—The expectoration with the cough is very offensive;—Respiration oppressed as if from want of breath, slight cough, with but profuse offensive expectoration; in warm air it was generally white, and in falling spread out like cream when spilled; in the cold air it was yellow and had more consistency, but all the time the expectoration was cold;—oppressed breathing;—can only breathe in an erect position;—difficult expectoration;—suffocated attack. He has to be bolstered up high on account of dyspnea.

Chest.—Emaciation of the chest, the muscles dwindle away;—Pneumonia;—Accumulation of mucus in the chest;—Swelling of the lower part of the sternum;—Fullness in the chest in the morning, and relieved by expectoration of mucus;—Stitches in the left side of the chest.

Heart and pulse.—Rheumatic pain in the region of the heart;—Pulse weak and irregular.

Extremities.—Tingling in limbs.

Superior extremities.—Edematous swelling of the arms;—Inferior extremities;—Emaciation of the hands and thighs;—Edematous swelling of the legs; water oozing out of the legs;—Legs swollen and as hard as stone;—Weakness of the legs, as if paralyzed, causing him to stagger;—During the burning in the stomach he had jactitation of the muscles of the feet and the legs, to the knees, which was very painful;—Cramps in calves of legs;—Weakness of the legs;—Swelling around the ankles;—Edematous swelling of feet and ankles.

Generalities.—Emaciation with great appetite;—Insufficient nutrition;—Chlorosis with dropsy;—Chlorosis after anger;—Aphthe of children;—Plethoric constitution;—Fainting attacks;—Attacks of gout, pains wandering;—Pains in the bones from head to foot, causing rigidity of the muscles so that it was impossible to rise from the bed till he had been rubbed;—Bad effects from violent anger.

Skin.—Dry skin, all perspiration is suppressed;—Scurvy; pale, red blotches over the body;—Paranaritis;—Proud flesh in ulcers;—Old herpes;—Excessive granulation in ulcers.

Sleep.—Starts in his sleep;—Sleeplessness.

Fever.—Chilliness, from 10 A.M. till evening, with melancholic mood;—Chill commencing in the back, and spreading thence up and down; severe headache, and occasional vomiting; fever following headache, morbid hunger, and a hectic flush on the cheek; no sweat except when weakened by repeated attacks, before and during the paroxysm, the burning in stomach and back was simply intolerable; no thirst;—Intermittent fever every one, two, or three days; irregular in type;—Evening fever;—The chill is followed by profuse perspiration;—Perspiration in the head (neck and shoulders).

Condition.—Aggravation—morning, early, nausea; when fasting, pressure in stomach; difficult respiration; fullness in chest; violent hunger.

Materia Medica Notes.

BY PAUL TESSIER.

Ipecac. in Conjunctivitis.—We have collected several cases of rapid recovery of old and severe conjunctivitis by ipecac. A little girl of four years came to St. Jacques' Hospital in April, 1906; for several months her eyes were red, swollen, weeping, with intense photophobia, so

that they could not be opened, even with instruments. She remained constantly motionless. The eyelids, spasmodically closed, were full of tears that ran continually down the cheeks. The instillation of cocaine could not master the pain, and we were obliged to make use of general anesthesia by chloroform. We saw an intense redness of palpebral and ocular conjunctiva, without ulceration of the cornea; there were no granulations. In the neck were observed strumous glandular swellings. The local treatment with eye-salves produced no improvement. We tried also without any success pulsatilla and calcaria carb. On June 1st we prescribed ipecac. 3x. June 4th the little patient had her eyes opened, which had not happened for some months, and was playing. The result amazed all who saw the case.

Another young patient had suffered for a year from conjunctivitis and strumous and ulcerated keratitis of the right eye. Ipecac. 1x was prescribed on June 23d without any eye-salve. The improvement was very remarkable, and the complete cure was accomplished by the beginning of August; the ulceration had only left a slight leucoma of the cornea.

Caffein in Nervous Sleeplessness.—Mrs. X., after great vexation, suffered from nervous sleeplessness with restlessness and heart-beating; she took, without any success, large doses of sulfonal, trional, and veronal. We prescribed caffeine 1st trit. 0.20, to take half before dinner, half before going to bed. The patient slept the very first night.

Action of Dilutions.—We have observed lately two interesting cases showing the importance of the potentized remedy.

A woman of about forty came to the hospital saying she suffered with rheumatic pains in several joints, especially in the left arm; these pains increased from motion. There was also pain when breathing in the right side of the chest, and we diagnosed pleurisy. We gave bryonia, mother-tincture, ten drops a day. Two days after the pains had increased, and the patient said she suffered more and more. We then ordered bryon. 6, five drops a day. From this moment the improvement was marked.

The second case is similar. This patient had articular rheumatism, and was treated without success by chin. sulf. We ordered bryon. mother-tincture; the pains became more intense, so that the patient could not sleep. We then gave bryon.

6, and immediately a great improvement was noticed.

These observations seem worthy of being reported, for we see physicians giving often bryon. mother-tincture in strong doses in rheumatic pains. This treatment is not superior to that by dilutions, and will often produce aggravation.—*British Homeopathic Review*.

—A telephone lineman was once brought into my office suffering from an overdose of atropine which he had taken by mistake. He said he took about half a teaspoonful of a solution, which his doctor told me afterwards was of 2 per cent. strength. It required two men to support him while coming into the office. He acted precisely like a man suffering from an overdose of hyoscine, trying to pick things out of the air and muttering incoherently.

I evacuated his stomach thoroughly, and gave him pilocarpine hypodermically, and strong hot coffee to drink, but he soon lost consciousness. His breathing and pulse became natural after a time, and in the morning he was well recovered.—*Dodge*.

—Moral obliquity, of which truancy is the first manifestation in school life, goes hand in hand with physical defects, says John J. Cronin, M. D., in the *American Monthly Review of Reviews* for April. Thus, among eighty-three truants examined by the Department of Health in the special Truant School in this city, 87 per cent. were found to have physical defects, in most cases of a remediable character. Truancy, and its kindred ills,—the "street habit," and the "gang habit,"—lead to crime, unless speedily checked. The records of the Children's Court in New York and of the similar court in Chicago showed that nearly all the youthful criminals that were brought to these courts were truants, and, what is more, that 85 per cent. of these children were found physically defective.

The source of truancy, therefore, lies chiefly in defects which prevent children from pursuing their studies. Remove these defects, and the ability to go on with school work will be restored, while the tendency to truancy will be vastly diminished. It is as difficult for a healthy body to do and think wrong as it is for a diseased body to do and think right; as an Italian savant, Mafucci, expresses it, "Man is responsible for the good that he does,—for the evil, the disease that is in him."



The Medical Library

By O B SERVER

Les Actualites Medicales.

The title of this book by Dr. Jouaust is misleading, as it is entirely devoted to one form of enteritis—that which the author appropriately enough calls muco-membranous entero-colitis. He discusses the various theories of its pathogenesis, but adopts the view that it is always secondary to some other abdominal affection; for example, the disease of the liver, kidneys, appendix, etc., founded upon a “neuro-arthritic” constitution. He claims to have proved by experiment that aseptic injuries of these organs are always followed by a hypersecretion of intestinal mucus. Rational treatment, therefore, should be directed to the cure of the fundamental lesion and the diathetic condition. But instead of this we have a verbose statement which is not easy to summarize.

In the matter of diet he appears to prefer white fish to meat, but does not forbid the latter; he proscribes crustaceans and molluscs, vegetables which contain skins and seeds, or those which contain acid, or are eaten uncooked, or are fried in butter; also uncooked fruit with the exception of bananas, peaches, and grapes; bread is to be eaten moderately, and rusks preferred; butter is the only form of fat permitted; it must be uncooked and quite fresh; eggs and milk are allowed in moderation, with cream cheese. Mineral waters, with a little white wine, are allowed as drinks; but all liqueurs, undiluted wines, cider, beer, tea, and coffee are forbidden. The mode of life must be quiet and regular, the clothing warm, and exercise moderate. The chief indication for drug treatment is constipation, for which he places castor oil in the first rank; for spasm he regards belladonna as the best remedy. He appears to hesitate as to the value of irrigation, but is more favorably disposed towards wet compresses, douches, and baths; massage should be used with caution, gently, and gradually; a belt is of value when there is enteroptosis. He recognizes the advantage of the Weir-Mitchell treatment, of special cures at bracing watering places,

and of mild electrical treatment by static electricity or by galvanism, with large electrodes and a current of from 50 to 150 milliamperes.

Ueber Störungen des Handelns bei Gehirnkranken.

Professor Liepmann is well known for his writings on psychopathology, and now in his small volume on the disturbances of action in brain disease he presents us with a careful study of the symptoms due to interference with the cortical mechanism for action. The disturbances shown in the performance of skilled movements have not received the same amount of attention as the analogous disorders of speech, and the author attempts to remedy this defect. He discusses the psychology of action and the possible ways in which its mechanism may be disturbed, but the greater part of the volume is concerned with apraxia. By apraxia is usually meant the general symptom of inability to recognize the use or import of an object—that is, mind-blindness, mind-deafness, etc.—but the author extends this definition to include inability to adapt movements rightly to the object presented. He carefully distinguishes it from ataxia due to the loss of kinesthetic presentations on the one hand, and from the results of cortical blindness, hemianopsia, cortical deafness, etc., on the other. Apraxia itself he divides into three varieties—sensory, ideational, and motor. His sensory apraxia is equivalent to the apraxia of other authors and the sensory asymbolism of Wernicke. In motor apraxia the kinesthetic centers may be intact, but the movement is not in agreement with the ideational process; the patient recognizes the object and understands what he is intended to perform, but fails to make the necessary adaptations. The disorder is localized and confined to one limb or one side. Ideational apraxia, on the contrary, is a diffuse process associated with general disorders of consciousness. There is perfect correspondence between the movement and the ideational process, but the latter is faulty; the thought of the end is not sufficiently prominent in conscious-

ness, attention is feeble, and other ideas come between, so that the movement cannot be properly originated.

Tumors of the Cerebellum.

This monograph on "Tumors of the Cerebellum" is an organized attempt to bring into the sphere of practical use the little about the cerebellum that is at present ascertained. It consists of a series of papers (1) on the diagnosis of tumors of the cerebellum, especially with reference to their surgical removal, by Dr. Charles Mills; (2) remarks upon the surgical aspects of tumors of the cerebellum by Dr. Charles Frazier, with cases illustrative of both papers; (3) on the ocular symptoms of cerebellar tumors by Dr. G. E. de Schweinitz; (4) on the pathology of cerebellar tumors by Dr. T. H. Weisenburg; and (5) on the functions of the cerebellum by Dr. E. Lodholz.

If it be asked what is the new and practical outcome of the book as a whole, the reply must be, not much, but it crystallizes the view that the prognosis after attempts to remove cerebellar tumors by surgical operation is more hopeful than it was. Five years ago the mortality stood at about 70 per cent., now it is about 40 per cent. Six cases are described from the writers' own experience. Of these 1 died after the first stage of the operation, the dura not being opened, 2 recovered after the removal of the tumor, but in 1 of these recurrence took place, 1 was much relieved after evacuation of a cyst and there was no recurrence of symptoms more than a year after the operation; in 2 the tumor was not found although the dura was opened, and in 1 of these there was striking improvement in the symptoms, in the other there was no improvement. Besides these cases the principal details of 116 recorded instances of cerebellar tumor are given and classified.

Not much is added to our knowledge of the localization of cerebellar tumors; Dr. Mills says that in his experience the patient tends more often to fall to the side of the lesion, but the more general view is probably the reverse. It is pointed out that the position of headache may be misleading, and the extreme degree of optic neuritis as helping to distinguish cerebellar from cerebral cases is indicated perhaps too emphatically; to its presence in 87 per cent. of 164 cases perhaps too much importance is attached in respect of the differentiation of cerebellar from cerebral tumors. Still where there is great darkness a mere glimmer of light is welcome, and if followed may lead to open day.

Die Therapie der Magen- und Damerkrankungen.

That a third edition of Dr. Gegele's book on the treatment of diseases of the stomach and intestines has been published shows that it has established itself as a standard authority and has passed beyond the range of criticism; but it is

probably not so well known in this country as in Germany. About half the book is taken up with a very interesting and well-written discussion of the factors that determine healthy digestion, including the care and feeding of children, the quality and quantity of food, the teeth, the use of corsets, of alcohol, tea, coffee, tobacco, the effects of menstruation and constipation and a careful consideration of the value of the various means in vogue for treating digestive derangements, such as the stomach tube, alkalies, and mineral waters, acids, pepsins, and peptonized food, and the indications for surgical interference in stomach disorders.

The second half of the book is devoted to the special treatment of specific conditions, and is characterized by the peculiarities of the German regimen; for example, we are told on page 212 that if a patient who has been suffering from acute gastric catarrh has so far recovered as to be able to take ordinary food, he may be ordered "cautiously, half a cup of albumen water, beef-tea, meat juice, meat pepton in bouillon, meat broth with yolk of egg, and proceed to farinaceous and leguminous gruels. Nevertheless, if young and strong people can stand such a diet for some time, abstinence must not be pushed too far; in children and elderly people the general condition must not be overlooked, and the necessary stimulant, such as tea with cognac, champagne, and tokey, must not be spared. The transition to solid food must take place gradually, and is best introduced by scraped raw meat or ham, in small quantities; calves' brains put through a sieve and mixed with soup, jellies of veal to supply the required albumen, while carbohydrates (and fats) may be taken in the form of gruel made with starch, flour, or tapioca, or potato purée prepared with milk and a little butter; we must be careful (as the older physicians always were) to forbid the use of new bread, the most crumb of which is penetrated with difficulty by the gastric juice (*Magensaft*). We should give preference to rusks and toast; by degrees we reach roast meat, apple purée, cocoa, rice, etc., and the stomach accustoms itself to normal fare."

It is possible that the current prejudice against new bread is well founded (it is, at any rate, so generally entertained in this country, that few of us get the chance of making any experiments with it in our own households), but at any rate the reason given is not satisfactory. The crumb of bread is not put straight into the stomach, nor is it digested by the gastric juice (*Magensaft*). However dry it may be, it becomes moist when masticated, and it would appear that it is not more difficult to get moist bread thoroughly insalivated than dry bread. Hot buttered rolls are probably indigestible, because the butter forms an oily envelope around the starch, and so prevents the access of the saliva, but the indigestibility of new unbuttered bread cannot depend upon its moisture.

TOPICS OF THE HOUR

Scopalamín.

The *Hahnemann Periscope*—being the organ of the Hahnemann Medical College of the Pacific, at San Francisco—contains a fine paper, entitled, "A Report upon the Dose and the Uses of Scopalamín," by that skilled surgeon and expert in spinal anesthesia, Dr. Edgar R. Bryant.

The paper, needless to say, is an excellent one. Dr. Bryant closes as follows:—

After considerable experience with scopalamín-morphin, I have come to the following conclusions:

1. There has been no death recorded from injections of scopalamín-morphin that could be attributed to scopalamín.

2. No dangerous symptoms will result if scopalamín gr. 1-10 is given, divided into three doses, and injected at intervals of one hour.

3. A larger quantity than 1-20 is unnecessary for therapeutic purposes.

4. Patients are spared the fear and annoyance of the anesthetic if scopalamín-morphin is given.

5. The quantity of chloroform or ether used is lessened from three-fourths to one-half of the amount generally employed. A state of excitement is exceedingly rare and but a small amount of anesthetic is necessary for primary analgesia.

6. Anesthesia produced by the aid of these drugs is less dangerous than without them.

7. Nausea and vomiting are rare, and so far as my experience goes, never occur during the unconscious period.

8. The flow of saliva and other secretions are not present, and the danger of aspiration and consequent post-operative pneumonia is avoided.

9. The period following the operation is rendered more comfortable, and is more easily endured.

10. Headache is rarely ever present and nervous excitement does not follow the operation.

11. Scopalamín is the best drug to combine with morphin, to increase its narcotic and antidote its depressing effects. In delirium tremens and other manifestations of alcoholism, scopalamín in doses from gr. 1-100 to gr. 1-50 and morphin from gr. 1-6 to gr. 1-4, are exceedingly

useful and beneficial to allay the nervousness and restlessness and produce natural and profound sleep. Their use in labor has been exceedingly gratifying in my hands. If, for any reason, it became desirable that a parturient patient should have a rest from her exertions and her sufferings during the first stage of labor, scopalamín gr. 1-50 and morphin gr. 1-6 to gr. 1-4, will cause the patient to sleep from two to five hours, and with a diminution of the force but not a cessation of the pains. Upon awakening the aspect of the whole affair to the patient is changed. She is strong and refreshed and eager to take up the work, which appeared impossible and hopeless to her before the sleep. Dilation of the cervix having gone on in the meantime, she is much encouraged by the progress made while she was resting.

If scopalamín gr. 1-50 and morphin gr. 1-6 to gr. 1-4 is given at the end of the first stage of labor, the patient will often be carried through the second stage strongly and rapidly, and often without the necessity of administering chloroform.

♦ ♦

Bromides and Sulphites.

A bald and rather irascible gentleman, having had his hat blown far beyond redemption, stepped into a shop to buy another. "Ah, you wish to buy a new hat?" asked the shopkeeper, obsequiously rubbing his hands together. "Oh, dear, no," returned the purchaser, with fine scorn, "I have come in to buy a postage stamp to paste on the top of my head." In this incident are well represent the two opposing types—the bromides and the sulphites. What is a bromide? It is an individual whose remarks are depressingly inevitable. Such an one thinks by syndicate. The joke about him is that he imagines himself to be clever—that his observations are always fresh, new and apt. Mr. Gelett Burgess, in his monumental work, "Are You a Bromide?" supplies us with a number of "Bromidians" by which this type may be recognized: as, "If you saw that sunset painted in a picture you'd never believe it would be possible." "I never read

serials." "Of course, if you happen to want a policeman, there's never one within miles of you." "I don't care for money—only what I can do with it." "The Japanese are such an interesting little people." "It isn't so much the heat (or the cold) as the humidity in the air." "I don't know much about art, but I know what I like." These examples might be multiplied by thousands; every hour in the day one comes upon them.

What, on the other hand, is a sulphite? Such an one is really spontaneous and original in his utterances. All geniuses, all good poets and writers, are sulphitic; as are also most cranks and reformers. The insane asylums, we are told, are full of sulphites. In literature, for instance, such a man as Kipling will cudgel his brains for "muzzy" to describe a Scotchman. But the Bromide will stick to "fuddled," with "canny" in reserve; he will content himself with saying the obvious things, leaving the worry of finding the "necessary word" to those who write for a living.

On the whole the Bromides are vastly in the majority, as witness one of their pet observations: "Majorities rule; whatever the great body of people decides is right, is right." The sulphites, on the other hand, are not a particularly comfortable folk; and this explains why they are in a minority which has been computed as one in ten. Their originality is irritating and disturbing of commonplace ease. This is quite in accord with the observation, "The world wants mediocrity," which was made not long ago by a very great but a most bitterly disappointed man. Nevertheless, were it not for the Sulphites, the race would to-day hardly be distinguished from the simian type.—*The Medical Times*.



A Prophet of Quackery.

In John Alexander Dowie has passed into the reign of Silences and Veracities one of the most blatant and impudently mendacious of all quacks, past or present. He has been likened to Cagliostro, but the comparison does injustice to that famous impostor, who, with all his pretensions, never soared to the giddy height of giving himself out to be a reincarnation of the Prophet Elijah. Dowie as the preacher or revealer of a new religion does not concern us; it is as a professed healer of the sick that he comes within our

purview. He had the wit to see what a help healing is to the propagation of a new religion, and with characteristic impudence he at once claimed to be endowed with miraculous powers.

The influence of a quack like Dowie, whose imposture was like Falstaff's lie, gross as a mountain, open, palpable, would be incomprehensible but for the fact that men are, as Carlyle brutally expressed it, mostly fools. The larger an impostor's professions, the more readily is he believed, especially by half-educated people. There is no reason to doubt that a certain proportion of his "cures" were genuine. The secret is that of all faith healing, which in suitable cases has wrought apparent wonders at all manner of shrines, ancient and new, and still does so in an appropriate atmosphere and environment. Dowie ornamented his church with discarded crutches and other mechanical helps, just as in the South of Europe votive offerings of legs and arms are hung up in testimony of cure. He gave his "cures" the boldest possible advertisement. As his doctrine was that disease is sin, suffering believers had an exceptionally powerful motive for giving every help to the working of the healing influence upon them. Dowie had his failures, like other healers, and more than once, even in the days of his glory, narrowly escaped the clutches of the law. He severely taxed the faith of his followers when his daughter was so badly burnt that a doctor had to be called in. The poor girl died, and the Prophet pacified the doubters among his flock by saying that her death was the punishment of disobedience.

The difficulty in a scientific inquiry as to the claims of faith healing is that of getting sufficiently detailed and authentic reports of cases that can be investigated. The symptoms are generally described so vaguely that it is often impossible to form a precise judgment as to the nature of the disease. The testimony of the patient is obviously worthless, and that of the medical attendant, when any is forthcoming, does not always inspire confidence. When a fairly trustworthy account is procurable it often turns out that the cure is incomplete and relapse is frequent. Only in very exceptional cases is anything heard of the after-history; it is therefore impossible to know how long the curative effect lasts.

In the case of Christian Science, and still more in that of Dowie, investigation is out of the question because there is not sufficient definite infor-

mation to go upon. Everything—symptoms, diagnosis, and result—has to be taken blindly on faith. It is in the power of inspiring this faith that lies the whole secret of the thaumaturgy of Dowieism, Eddyism, mind healing, spiritual healing, *et hoc genus omme*. Given this faith with a large infusion of imposture, conscious or unconscious, in the healer, and of suggestibility and delusion in the patient, and the influence of the mind on the body has the freest possible play. We must also take into account that curious feature of human nature which, as Huxley says, makes persons of the highest character capable of absolutely misrepresenting the truth where their prejudices are concerned. Then there is an element of deliberate deception which must not be lost sight of. Very few persons are competent judges of evidence; it is well known that even men of scientific training cannot always be trusted to appraise human testimony at its true value.

Dowie denounced Christian Science as unpromisingly as he condemned doctors. A comparison of the two forms of humbug may recall Dr. Johnson's unsavory reply when asked to give his opinion of two minor poets, that there is no settling the point of precedency between a louse and a flea. But if we had to choose between Mrs. Mary Baker G. Eddy and John Alexander Dowie, candor would compel us to say that the defunct Prophet was the greater quack of the two. There is a strain of simple foolishness in Mother Eddy and her disciples that makes us willing to believe that they know not what they do. But Dowie's "Leaves of Healing" show him as more deceiving than self-deceived. He speaks of people standing before his congregation to testify that they had been healed of cancer, paralysis, rheumatism, hip disease, and spinal disease by his prayers, which, by the way, were addressed to Heaven by a simple machinery recalling the prayer mill of the Llamas. We hear of a lady who was thrown out of a cart and had three ribs and her breast-bone broken, and her skull fractured, who was instantly healed by a prayer of Dowie. We hear of persons sick with "inflammation" and with "what doctors call overflow of the gall," instantly healed at great distances by the same agency. We hear of a woman who had "three or four incurable diseases of a private nature, cancer being one," who was healed at the first prayer of all except her spinal trouble. She then suffered from "cataracts in

both eyes," but refused to listen to the surgeons whom she consulted. She went to Dowie, but the result, unfortunately, is not stated. Another woman was cured by anointing and prayer of a bleeding cancer of the rectum of twenty-five years' duration. Another was healed when dying of hereditary consumption, skin cancer, paralysis, and heart disease. One thing which cannot fail to strike the reader about these poor people is the manifold afflictions from which they suffer. The number of their fatal diseases is only equaled by that of the physicians whose ministrations they have endured.

Some enlightened persons hold that we are now witnessing a vast unlocking of spiritual forces in the persons of the converts to Christian Science, Metaphysical Healing, and other forms of antimaterialistic philosophy, who are so numerous at the present day. Professor William James thinks that our scientific education has unfitted most of us for comprehending the phenomenon, and that being a religious movement it "will certainly outstrip the purviews of its rationalist critics." As to this we can only say that until the "mind-cure movement" succeeds in purging itself of the immense amount of hallucination and falsehood that now forms the larger part of it, we shall continue to regard it as more potent for evil than for good.—*Andrews*.



• A New Anesthetic.

A new anesthetic is at present claiming the notice of the profession, says the *Eclectic Medical Journal*, and it is promising to be so meritorious that it ought to be more widely known. "It has been in use in some quarters for about a year, more or less, though little notice of it has appeared in print. It is prepared for the market by the Abbott Alkaloidal Company.

"It can be administered hypodermically, thus doing away with the inhalation plan, and after it is in operation the operator does not need to bother his head about possible chloroform narcosis . . . post-operative nausea and vomiting are almost entirely done away with, something well worth while in many instances . . . each tablet contains a dose, which consists of one one-hundredth grain of hydrobromide of hyosine, one-fourth grain of morphia sulphate, and one-sixty-seventh grain of cactin. One of these is to be dissolved in a syringeful of distilled water (or

boiled water) and injected into the arm or some other convenient part two hours before operating time, and a second one an hour and a half later. Half an hour after this the patient is ready for the surgeon's knife.

"The writer [Dr. Webster] from limited experience with it, can express himself as very much pleased with its effect. In a case of old laceration of the perineum, in two cases of trachelorrhaphy, and in a rectal operation involving the removal of pockets and papillæ, it has worked like a charm. Its use is sometimes followed by talkative delirium, but so is chloroform. It is said to sometimes be attended by unpleasant rigidity, though not in our experience.

"An acquaintance who does an extensive surgical practice has used it quite largely, and likes it very much. He has done a wide range of operations under it, among them an abdominal hysterectomy. He is pleased with its action in parturition, where it entirely mitigates the suffering, without interfering with normal uterine contraction."

Query: Does it render the patient unconscious?

• •

Cure for Corns.

Why suffer with old-fashioned corns when the New Thought Treatment offers an immediate and painless cure? Anybody can do it who has the New Thought.

Expose the corn and pass the finger tips of your right hand over it slowly and caressingly, at the same time sending a vibration from the brain to the corn. If it is a soft corn, four hundred and thirteen vibrations per second will suffice; if a hard corn, put on forced draught. Repeat slowly:—

"I am now sending a current of thought-force into my corn, and so separating, deducing, disintegrating, rending, splitting, sundering, splintering, snipping, dwellicating, whittling, dispersing, dislocating eliding, divorcing, pulverizing, slashing, slicing, and dissecting it that presently it will pass away."

Repeat three times, then with rising inflection: "Avaunt! avaunt, avaunt!" Finish by repeating the pass word, "The universe is mine. I am it."

The corn will at first look extremely surprised, then wilt and fade beautifully from sight.—*Unity.*

Society Meetings.

The American Institute of Homeopathy.

TO THE HOMEOPATHIC PROFESSION:—

With the next session of the American Institute of Homeopathy drawing near,—June 17, 1907,—it seems fitting to issue an earnest appeal for every homeopathic physician to take an active part in making this Sixty-Third session a success, not alone from a social and numerically-attended standpoint, but also from that of the School of Homeopathy. Although the Institute in its more than half-century of existence has numbered among its members some of the best homeopaths that have been in the practice, there have always been those who held aloof. This is to be deplored, for the American Institute of homeopathy has ever been in the front rank of progress in matters of Medicine and Surgery; it is neither narrow nor dogmatic in its tenets, philosophy or practice; and it extends a hearty welcome to every homeopathic physician, promising a fair equivalent for his time, attendance, and attention. For it stands to reason that the annual mingling of the most advanced men and women in the school—the teachers, authors, writers, editors, practitioners, and specialists—must make for the betterment of all partakers. And this is true whether that member hails from the densely populated city, or from the quieter but, nevertheless, strenuous life in the interior of the state. The Institute of Hering, of Farrington, of Helmuth, of Deschere, of Allen, of Doughty, of Dake, of Talbot, of Ludlam, of Sawyer, of Holcombe, of Kinne, of Dudley,—and the many other famous men and women who have gone before,—still lives; it keeps abreast of the day. It especially welcomes the younger and newer members of the profession, who bring the latest and best from the schools, together with their enthusiasm and younger blood. From all parts of the habitable globe came testimony to the Atlantic City sessions of the admirable status of Homeopathy everywhere. The bureaux and allied societies are sending in programmes from which it is evident that the sessions at Jamestown will be of the highest order of excellence; while the efforts of the local committee in the line of recreation and entertainment, and the success of the Exposition management in providing for our comfort and habitation, all give promise of making this a banner session. The details of hotel, railway, and other matters not already communicated in the Exposition literature, will be embodied in the official programme to be mailed at an early day.

BY ORDER OF THE PRESIDENT.

Frank Kraft, M. D., Secretary American Institute of Homeopathy.

—A. I. H. The following changes, corrections, and omissions from the published list of Commit-

tees of the American Institute of Homeopathy are submitted:

Conference with American Medical Association: A. B. Norton, M. D., New York, Chairman; C. E. Walton, M. D., J. B. Gregg Custis, M. D., R. S. Copeland, M. D., and B. F. Bailey, M. D.

Institute Journal: George Royal, M. D., Des Moines, Chairman; J. H. McClelland, M. D., B. F. Bailey, M. D., Chas. E. Kahlke, M. D., R. S. Copeland, M. D., D. A. Strickler, M. D., and the Secretary.

W. A. Paul, M. D., of Dorchester, Boston, is Chairman of Committee on New Members, *vice* H. E. Spaulding, M. D., resigned.

T. H. Carmichael, M. D., Philadelphia, is Chairman of Committee on Homeopathic Pharmacopeia, with J. W. Clapp of Boston, Secretary. Dr. Chas. Mohr of Philadelphia continues an active member.

Chas. E. Walton, M. D., is Chairman of Inter-collegiate Committee.

FRANK KRAFT, M. D.,
Secretary.

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New York Homeopathic College Reunion.

The annual reunion and banquet of the New York Homeopathic Medical College and Hospital is to take place on the evening of May 16th, at the Waldorf Astoria, New York.

Dr. Charles Francis Adams, president, and Dr. L. L. Danforth, toastmaster, together with an active Board of Directors, are arranging an especially fine programme.

The Association now numbers over seven hundred members, and we expect nearly that number to attend the Annual Alumni Day exercises at the college, May 16, and the banquet the evening of the same day.

J. WILFORD ALLEN, '95,
Corresponding Secretary.

—Attention, Class of '77, New York Homeopathic Medical College and Hospital! Turn out strong for our 30th Anniversary! Arrangements will be made for a '77 table at the alumni banquet in the Waldorf Astoria, Thursday, May 16th—Alumni Day. Reserve this date, and *write at once* please, to either of the undersigned that you will be present. Write your old chums to meet you! W. W. Blackman, 519 Clinton Avenue, Brooklyn, N. Y.; John L. Moffat, 1136 Dean Street, Brooklyn, N. Y.

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Ohio State Society.

The forty-third annual session of the Homeopathic Medical Society of the State of Ohio will convene at Cincinnati, May 14th and 15th, in the Grand Hotel, corner of Fourth Street and Central Avenue.

From the accompanying programme it is very evident that a fine meeting will be had.

On Tuesday evening, May 14th, the visitors will be guests of the Homeopathic physicians of Cincinnati at a banquet to be given in the banquet hall of the Grand Hotel. Every homeopathic physician who can get to Cincinnati is welcome, and is urged to lay off from his labors for these two days and enjoy the fellowship of his brethren:

BUREAU REPORTS.

Ophthalmology and Otolology.

T. M. Stewart, M. D., chairman, Cincinnati; W. H. Phillips, M. D., Cleveland, "Refraction." R. C. Reed, M. D., Cincinnati, "Cases from Practice." J. R. McCleary, Cincinnati, "Conditions Influencing Ocular Troubles."

Discussions opened on each of the above papers by the chairman of the Bureau.

SANITARY SCIENCE.

A. W. Reddish, M. D., chairman, Sidney, "How to Select a Healthy Site and How to Build a Sanitary House." C. E. Hetherington, M. D., Piqua, O., "Plumbing and its Relation to the Etiology of Disease." W. B. Carpenter, M. D., Columbus, "How to Rid the Home of Zymotic Diseases." I. B. Gordon, M. D., Cleveland, "Potable Water and Its Value in Preventing Disease." W. G. Hier, M. D., Madisonville, "How can we Get a Good Milk Supply and What Shall we Eat." F. C. Crawford, M. D., Toledo, "Heating and Ventilating."

LARYNGOLOGY AND RHINOLOGY.

G. H. Quay, M. D., chairman, Cleveland, "The Calcarea in Diseases of the Nose and Throat." R. W. Reynolds, M. D., Cleveland, "Indications for a few Remedies in Diseases of the Nose and Throat."

BUREAU OF OBSTETRICS.

Hudson D. Bishop, M. D., Cleveland, "Chairman's Address." Alice Butler, M. D., Cleveland, "Some Remedies that have Served Well in Pregnancy and the Lying-in." De Witt G. Wilcox, M. D., Buffalo, "Operations Complicating Pregnancy." Adolph E. Ibershoff, M. D., Cleveland, "Ophthalmia Neonatorum." George H. Irvin, M. D., Orrville, "Perineal Lacerations." H. S. Taylor, M. D., Cleveland, "The Management of Abortion." John V. Hartman, M. D., Findlay, "The Puerperium." James D. Parker, M. D., Sandusky, "The Treatment of Puerperal Sepsis with Report of Cases." C. C. Meade, M. D., Cincinnati, "Prenatal Influences." Chas. Hoyt, M. D., Chillicothe, "The Puerperium."

CLINICAL MEDICINE.

W. A. Geohagan, M. D., chairman, Cincinnati; J. D. Buck, M. D., Cincinnati, "The Treatment of Certain Forms of Mental and Nervous Disease." C. D. Crank, M. D., Cincinnati, "The Sphygmomanometer." G. J. Jones, M. D., Cleve-

land, "The Comparative Value of Symptoms in Diseases." H. E. Beebe, M. D., Sidney, "Constipation." J. W. Overpeck, M. D., Hamilton, "A Few Cases of Neuritis." W. B. Hinsdale, M. D., Ann Arbor, Mich., "Broncho-Pneumonia."

ANATOMY, PHYSIOLOGY, AND PATHOLOGY.

A. B. Schneider, M. D., chairman, Cleveland, "Lymphatism, Pathological Considerations." R. O. Keiser, M. D., Columbus, "Lymphatism, Anatomical Considerations." C. O. Buck, M. D., Cincinnati, "Lymphatism, Physiological Considerations."

GYNECOLOGY.

O. A. Palmer, M. D. chairman, Cleveland, "Cystic Tumors of the Ovary." Ellen M. Kirk, M. D., Cincinnati, "Light as a Therapeutic Agent in Pelvic Disorders." N. T. B. Nobles, M. D., Cleveland, "The Early Symptoms of Cancer of the Uterus." C. W. Ginn, M. D., Dayton, "Menorrhagia." P. B. Roper, M. D., Cleveland, "Salpingitis." J. W. Means, M. D., Troy, "A Plea for the More General Use of Anesthetics and a More Frequent Use of Forceps in Obstetric Practice." Katherine Kurt, M. D., Akron, "Membranous Dysmenorrhea. A Case." Martha A. Canfield, M. D., Cleveland, "A Case of Tuberculosis of Vulva. Diagnosis and Treatment."

PEDIATRICS.

S. R. Geiser, M. D., chairman, Cincinnati. C. M. Boger, M. D., Parkersburg, W. Va., "Some Hints in the Homeopathic Treatment of Diseases of Children." L. H. Phillips, M. D., Cincinnati, "Infancy's Heritage." H. D. Champ-
lin, A. B., M. D., Cleveland, "Infantile Cerebral Palsies." W. M. Blaine, M. D., Youngstown, "The Child Mind."

SURGERY.

W. A. Humphrey, M. D., chairman, Toledo, "Osteo Myelitis." Discussion to be opened by C. E. Walton, M. D., Cincinnati. M. P. Hunt, M. D., Columbus, "Surgical Affections of the Bile Passages." Discussion to be opened by C. E. Walton, M. D., Cincinnati. "A Therapeutic Trephine." Discussion to be opened by M. P. Hunt, M. D. N. T. B. Nobles, M. D., Cleveland, "The Enlarged Prostate and Prostatectomy." Discussion to be opened by H. H. Wiggers, M. D. A. T. Barnum, M. D., Toledo, "The Surgical Treatment of Renal Calculi." Discussion to be opened by B. W. Dawley, M. D.

DERMATOLOGY.

G. W. Spencer, M. D., chairman, Cleveland, "Pityriasis Rubra." R. A. Stevens, M. D., Detroit, Mich., "The Barber and Skin Diseases."

MATERIA MEDICA.

Subject, "Argentum Nitricum." Frank Kraft, M. D., Chairman, Cleveland, "General Characteristics." Isa Teed Cramton, M. D., Burton, "Eye

Symptoms." Ellen M. Kirk, M. D., Cincinnati, "Back Symptoms." Sophia E. Georgi, M. D., Cincinnati, "Hair and Scalp Symptoms." Clara E. Cook, M. D., Portsmouth, "Bladder and Kidney Symptoms." Ella G. Hunt, M. D., Cincinnati, "Nose and Throat Symptoms."

NEUROLOGY.

J. R. Horner, M. D., chairman, Cleveland, "Influenza—Its Etiological Relation to Diseases of the Nervous System." W. A. Dewey, M. D., Ann Arbor, Mich., "Some Experiences in the Treatment of Locomotor Ataxia." R. S. Copeland, M. D., Ann Arbor, Mich., "The Perimeter—Its Use in the Diagnosis of Diseases of the Nervous System."

Our Cincinnati Letter.

At the monthly meeting of the Cincinnati Homeopathic Lyceum, Dr. Chas. O. Munns of Oxford, Ohio, read an interesting paper on "Prostatitis—Its Surgical and Medical Treatment." The doctor made special mention of vibratory massage and electrical treatment, advocating the use of both copper and nickel electrodes.

Dr. Harry Blackford of Middletown, Ohio, read a paper on Calcarea Carb., presenting the salient symptoms and features of the drug, laying special stress on its great value in early tubercular conditions.

At the conclusion of the meeting the election of officers for the coming year resulted as follows: Dr. C. C. Meade, President; Dr. J. R. McCleary, Vice-President; Dr. H. H. Wiggers, Treasurer; Dr. W. H. Smith, Secretary.

Special preparations are being made for the entertainment of the Ohio State Society, May 14 and 15. Drs. Phillips, Wiggers, and Pauly were appointed a committee of arrangements. It has been fifteen years since the Queen City of the West has entertained the State Society, and no stone will be left unturned to make the meeting a success.

Dr. J. R. McCleary, formerly of Marietta, Ohio, is now located in the Groton Building, practicing Eye, Ear, Nose, and Throat exclusively.

Dr. F. R. Stansbury has established an office at Marion and Isabella streets, Hyde Park, Cincinnati, Ohio.

Dr. E. R. Wallace is now located at Aurora, Indiana, having purchased Dr. Smith's practice.
C. E. G.

Obituary.

Pemberton Dudley, M. D.

1837—1907.

It is like a personal affliction to lose Dr. Pemberton Dudley. We have known for some weeks

past that the distinguished doctor was ill, though we did not know from what cause nor the gravity of the ailment. We hoped that he would speedily recover and again take his place among his brethren and friends. But this was not to be. And so, on March 25th, he passed on to his peace and reward. This, the second instance in which one of our life-time friends has been hurried out of existence as the result of an accident.—Dr. Dudley having fallen from the running board of a trolley car; and Dr. John Chapin Sanders falling upon the sidewalk in Cleveland and dying shortly thereafter,—is most distressing and deplorable.

We have known Dr. Dudley for all the years that we have been in the practice of medicine. He was always a good friend, a safe counselor, and a thorough Christian gentleman. He was actively engaged in the teaching and practice of the old Homeopathy from the beginning of his medical career; indeed, he was one of the Old Guard who die but never surrender. As secretary of the American Institute of Homeopathy he introduced a number of improvements in the conduct of that office, especially in the way of the programme, while his printing and publishing of the Transactions was a distinct advance over the former volumes—not so much in the value of the matter contained—for that has always been most excellent under all the former secretaries—but because of the form in which the matter was presented. There was no part of the office with which he had not familiarized himself; and it was as much in recognition of this eminent service in that relation, as for his personal fitness, that the Denver session of the Institute doubled the secretarial salary. As president of the American Institute of Homeopathy, to which he was elected at the Newport meeting, he was the same careful, painstaking, zealous gentleman that he was all his lifetime in whatever place he was found. He never knew how to slight his work. He was in Hahnemann College, of Philadelphia, so long that most of us have forgotten the beginning of his services; but no one of the many hundreds who sat under his teaching have forgotten, or can ever forget, the earnestness and sincerity of his work. To him it was not merely the complimentary or ornamental filling of an office in the faculty, or for advertising purposes; it was a solemn duty to see that those who came under his hand should be honestly fitted out for the noble profession of which he was himself one of the grandest exemplars. His editorship of *The Hahnemannian Monthly* was marked for its thoroughness of detail, though possibly never striving for brilliancy of theme or grandeur of style. He informed us once that he never printed an editorial that had not been written several weeks and thus become thoroughly seasoned. His, the belief that the message of Homeopathy, as well as of Medicine, meant a deep, pure, religious duty which

it irked him to put into scintillating language. His, still the thought that the message of salvation, whether from the sacred desk, or from the medical rostrum, should be so plain that the common people would hear it gladly. In all his writings and teachings he was always a Homeopath, a consistent Homeopath, and one ever ready to defend the school against the palpable encroachments of the modern medical school. Indeed, he was so staunch in his adhesion to the Hahnemann idea of Homeopathy that he was upon one occasion changed from his almost life-long métier of Physiology to the comparatively innocuous department of the Institutes of Medicine, but which, with his characteristic ambition and enthusiasm, he enriched and embellished and made to glow with inspiration and life. He was Dean for a number of years of the Hahnemann College. His greatest work, that which will survive his memory perhaps the longest, is his revision and publication of Hahnemann's "Chronic Diseases." As Lilienthal's "Homeopathic Therapeutics" was to that author, so the "Chronic Diseases" are to Dr. Dudley—the really crowning life-work. We understand that he was at work upon a book comprising his studies in the Institutes of Medicine when the omnipresent Azrael touched his hand and the pen fell from his lifeless grasp. This will be completed by another pen; and it may be a work to stand by the side of his other works; still we think his "Chronic Diseases" will carry his name down to the latest homeopathic graduate.

It is to be deplored that the profession is losing so many of its pioneer homeopaths; though, in this instance, as in that of Dr. Sanders, the full three-score-and-ten had been reached. The more sorrow is occasioned by the fact, only too evident, that there are so few young men to take the places of these old men who have gone down in the heat of battle. The Homeopathy of Hahnemann is sadly lacking in many new men and women. The spirit of the day seems no longer devoted to the painstaking search for the true homeopathic remedy through hours and days, at times, of plodding with text-book and repertory and with the midnight oil; and then, when found, to be given and watched with all the sincerity of a physician of the soul. The modern Homeopathy, that which is giving us standing in the marts of the world, is gradually becoming of another type entirely. The younger men and women are now laboratory graduates, who no longer believe in the dynamis of the remedy, nor the dynamis of the disease. A mantle of materiality has fallen upon the practice of medicine. The chemist now wields the sceptre, as only a few years ago, not so many that we do not all remember it, the surgeons, by reason of the discovery of Listerism and general sterilization, cut into the old Homeopathy. There was no talk of amalgamation of the schools in Dudley's middle life. It was not until towards its close that the

younger and more chemical and surgical and specialistic element began to look longingly to a larger clientele than that to be found in the limited field of Homeopathy. When Timothy Field Allen, or E. A. Farrington, or Carroll Dunham, or A. I. Sawyer, or Pulte, or Hempel, or Samuel Lilienthal, or Helmuth, or Phœbe Waite, or Pemberton Dudley, touched a case for treatment there was no effort as by first intention to discover a removable tumor or a site for an hypodermic injection of some form of serum or toxin, if not of the accursed henbane itself; theirs to study that afflicted man or woman as a masterpiece of God, created in His image and likeness, instinct with the life which God had given it; theirs to endeavor to heal that man or woman as did the Divine One by the shores of the Sea of Galilee, with hope and comfort and good counsel, as well as administering the minimum remedy exactly indicated by the totality of symptoms. If these, and the ancient worthies, could live to-day, we are frequently told (even Hahnemann himself) they would now study the laboratory processes, spend hours and hours in tracking down the latest chemical invention or of the toxines by way of the microscope. Commend us to the old style of family physician, of the Pemberton Dudley type, who brought sunshine into the sick room, who evinced a personal interest in each patient brought under his care, who sought for the homeopathic remedy faithfully, and who applied it with equal care and skill.

But these melancholy jeremiads, suggested by a review of the years in which Dr. Dudley lived, have naught to do with the worth and character of Pemberton Dudley. He was one of God's noblemen; sincere, sometimes almost austere in his conception of duty; thorough and painstaking in his profession; the cry of pain was never stifled in his heart; he still saw the Divine picture in every mortal to whom he was called to minister; his practice was based on love and unselfishness; that he was successful in his mission, though not so successful, financially, as he might have been had he been less mindful of the soul-giving aspect of his work and more to the making of money, goes without saying. His best estate will resolve itself, ultimately, into the good he was able to do in his long career as a physician and teacher. And he will be remembered by that most lovingly after the division of his legal estate has long been forgotten. For like Him of old, Pemberton Dudley went about doing good; God bless him and keep his memory green!

Mr. Theodore D. Buhl, for something more than ten years the president of the Parke, Davis Co. and a life-time resident of Detroit, died suddenly in New York on April 7th. He was a man of noble character and everywhere highly esteemed. We hear much these days of unscrupulous, prefaceous wealth, but what of the

type of Theodore Buhl—what of the men who consider the trust of their fellowmen the best of their possessions, who have a horror of stock-jobbing methods, who never seek an unfair advantage, who never lend their names to a dubious enterprise?

May those who knew Mr. Buhl find much comfort in the memory of a life rich in well-doing and in good reports.

Correspondence.

The Opsonian Index.

TO THE AMERICAN PHYSICIAN:

While east, following the meeting of the American Institute of Homeopathy, last fall, I visited the hospitals (many of them, at least) in New York, Philadelphia, and Baltimore; and while at the latter place—at the John Hopkins Medical School—I had the pleasure of listening to the Herzian Lectures, by Sir Almroth E. Wright, of London, the man who has originated the "Opsonic theory of immunization," and to my mind, and, I believe, to the minds of any and every thinking and reasoning homeopathist, he has evolved a new method of the hypodermic treatment of disease by nosodes, or the products of disease, and with so-called homeopathic doses; for during his lectures he said that he found the best results to be derived from a dosage diminishing in size from 1-500 to 1-600 or 1-800 or 1-1,000 of a cubic milligram, or even less, and to be repeated at long intervals, say, one to three weeks, as determined by the opsonic index of the patient, etc., etc. Our own Neatby of London, following Guets and others of Brussels, has been using the same method in the treatment of cancer, as outlined by his paper read at the Institute and published by Sutherland in the *New England Medical Gazette*—I believe in November—and by other papers published previously in the (London) *Monthly Homeopathic Review*. I wish you would take up this subject and give in your journal an article, or series of articles, showing the tendencies of the more advanced old-school teachings and investigations toward Homeopathy. Copeland has done something in the past, and right here, it seems to me, is a grand opportunity. This opsonic theory, too, it seems to me, is the best explanation of how the homeopathic remedy produces its effects.

H. C. ALDRICH, M. D.

Minneapolis, Minn.

EDITOR AMERICAN PHYSICIAN:

Dear Sir: For the past six years the Homeopaths of the State of Texas have had a separate and distinct examining board, and we have been instrumental in getting quite a number of Homeopathic physicians to locate here. This is a profit-

able field for our school of medicine. The present legislature has enacted a new law making it imperative for applicants of any school of medicine to appear before one examining board to get license to practice. Now it will be July 11 before that law goes into effect and I would advise all homeopathic doctors who expect to practice in this State to apply to our board right now. We issue certificates by *Reciprocity*, without the applicant's presence. Be sure and write to our Secretary, H. B. Stiles, M. D., Waco, Texas, and ascertain what is necessary to get a license to practice in Texas.

F. L. GRIFFITH, M. D.,
Vice-Pres. of Texas Hom. Ex. Board.

Book Reviews.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMEOPATHY. Vol. I., Seventh Quinquennial International Homeopathic Congress, 1906, held at Atlantic City, N. J., September 10 to 15. Edited by J. RICHEY HORNER, M. D., Secretary *pro tem*. Cleveland Publication Committee.

To any one not familiar with the immediate history—the history preceding the gathering together of these Transactions, and yet knowing what took place at Atlantic City—this first volume will appeal as a wonderful bit of work, both as to workmanship and as to time of producing the finished product. But many of us remember the many difficulties hedging about Dr. Horner: the absence of records, the inability to find or hear from the secretary *de facto*, the short time in which to take possession of a neglected office and yet bring order out of chaos, at once puts Dr. Horner's work in the very forefront of excellence. It would seem as if this form of labor, this gathering together of the many manuscripts, their careful reading and editing, their equally careful placing in their proper order, with a revised discussion, handed in by many stenographers, and then seeing the immense mass through the press, proof-reading, and paging and binding, would be sufficient work for any man working the legal eight hours per day. But Dr. Horner, as we have several times said before, is not an idle man; he is a busy practitioner in his specialty, and to add to his labors he has for several years been specially preparing himself for greater work in his chosen profession. How this man was able to stand this strain of responsibility with the little assistance that was given him, or could be given him, in view of the disappearance of the secretary with his records and files, is one of the marvels of an iron constitution, of an indubitable perseverance and a happy faculty for arranging detail to make it the least monotonous and burdensome. If ever a secretary of the Institute earned his salary, it is J. Richey Horner.

The volume before us opens with a full-page half-tone portrait of Dr. J. H. McClelland, who was the active president of the International

Congress. It is as fine a portrait of Dr. McClelland as we have ever seen, and is very properly placed as the frontispiece of this volume. It is followed, barring a few pages of detail work, with a fine portrait of Dr. John H. Clarke, of London, the honorary president of the Congress. The great beauty of this portrait, aside from its speaking likeness, is its unpremeditated pose. He has laid off the phylacteries of the profession and poses as an ordinary country gentleman, indifferent to the raiment in which he is caught by the camera. He is at ease and contented. And he looks more than ever like Charles Major, author of "When Knighthood was in Flower." Another page gives the portraits of the honorary vice-presidents, all but Burford and Wouters, whose pictures could not be had. These pictured gentlemen are Searson, Neatby, Leao, Green, Chase, Majumdar, Knox-Shaw, and Bouton. Burford assured the secretary *pro tem*. that he didn't know of a picture of his in existence. However could he have grown up and yet escaped that easiest of all modern vanities—having his picture done once in so often for admiring maids, friends, and newspaper articles? All reports from Atlantic City agree in pronouncing Burford a handsome man; so that that is not the reason of his excess of modesty. A succeeding page gives the active officers of the Congress: Porter, Bellows, Clarke, and Horner—all fine pictures of fine and handsome men. The special Committee on International Congress, consisting of Sutherland, Biggar, McClelland, Custis, and Runnels, are portrayed in another page.

In the compass and scope of a Book Review article it would be manifestly out of place to go into great detail concerning the various papers presented, especially as this has already been done in the journals; but this is not saying that such publication would not be a vast improvement over some of the papers found in many of the medical journals of the day. The Bureau of Homeopathy, it seems to us, under that master workman, James W. Ward, and his no less efficient secretary, George Royal, is one of the finest in the volume before us. It makes the most pessimistic of homeopaths recognize the progress which is showing all along the line. Here we find reports and statistics from England, Australia, Tasmania, India, France, Italy, Brazil, Germany, Mexico, New Zealand, and Sweden. Then there are many papers describing the individual success of Homeopathy in certain cities or districts, and reports from various societies. A series of timely and excellent papers on popular homeopathic topics then follow with their discussions, all of which tend to raise the courage of the disheartened homeopath who has only viewed the picture from his own immediate section of country. Certainly, Homeopathy is flourishing like a green bay tree. The Bureau of Materia Medica too is a splendid aggregation of professional knowledge. It has many papers

by our eminent men here and abroad: Carmichael, Clarke, Bellows, Allen, Dewey, Johnston, Geohegan, Hawkes, Aurand, Mohr, Copeland, Blackwood, Mukerjee, and Majumdar. Clinical Medicine, Pedology, and Sanitary Science, all of them very interesting, occupy their proper places.

The second section of the volume opens with a portrait of the president, Dr. W. E. Green, and this is followed by a full-page portrait of T. Franklin Smith, M. D., the efficient and always popular and beloved Treasurer. If there was ever a speaking likeness, this is one. A following page gives the remaining five officers of the Institute.

The memorial page is appropriately prepared with the pictures of many of our deceased brethren. In addition to the usual Register of Members, there has been prepared by Treasurer Smith and brought to date by Dr. Horner, a Necrological List from the beginning of the Institute. It may readily be imagined that this was a work of months, if not of years.

The press-work and the binding are the equal of any of its predecessor numbers. The whole work is a credit to the Institute and Congress as a whole, and to the indefatigability of Dr. Horner in especial.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. For Students and Practitioners. By HOBART AMORY HARE, M. D., B. Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Laureate of the Royal Academy of Medicine in Belgium and of the Medical Society of London. Author of "A Text-Book of Practical Therapeutics," "A Text-Book of Practical Diagnosis," etc. In one very handsome octavo volume of 1120 pages, with 131 engravings and 11 full-page plates in colors and monochrome. Second edition, revised and enlarged. Cloth, \$5.00 net; leather, \$6.00 net; half morocco, \$6.50 net. Lea Brothers & Co., Philadelphia and New York, 1907.

One of the most uncommon and highly valuable mental faculties is judgment of relative importance, an ability to conceive ideas distinctly enough to measure them, and to picture them in their proper perspective. Such a faculty collects, arranges, sorts, drops what is unimportant, and seizes what is essential. Clear vision is clear thought, which finds its expression in clear language; these qualities embodied in a book account for keen public appreciation; this is the explanation of the fact that two very large printings and now a thoroughly revised edition of "Hare's Practice" have been demanded in less than two years. The author has written for medical students of all ages. He knows the needs of the undergraduate and the best mode of presenting a subject to his mind by reason of the fact that he has been teaching clinical medicine and therapeutics for nearly a quarter of a century, and the same length of active hospital and private practice gives the weight of experience which attracts the physician in need of counsel. In this new edition every line has been revised, anything already rendered obsolete by the rapid march of medicine has been eliminated, and all trustworthy

advances have been incorporated, so that the volume, as it stands, is representative of its subject to date. Of its authority and resourcefulness, nothing need be said.

ESSENTIALS OF OBSTETRICS. By CHARLES JEWETT, M. D., Professor of Obstetrics and Gynecology, in the Long Island College Hospital, Brooklyn, N. Y. Third edition, thoroughly revised. 12mo, 413 pages, with 80 engravings and 5 colored plates. Cloth, \$2.25 net. Lea Brothers & Co., Philadelphia and New York, 1907.

Professor Jewett's object is to place the essential facts and principles of Obstetrics within easy grasp of the student. This compact volume is intended as an introduction, to the more elaborate treatises, and as a guide in following the didactic and practical teaching of college courses. Most attention has been given to practical topics. Works of this character have their distinct place and value, since mastery of the elements of any subject gives the rational frame-work for an easy and orderly acquisition of complete and systematic knowledge. Such a work is, therefore, useful not only to the student but also to the practitioner who would refresh his recollection or post himself to date. That Professor Jewett has interested both classes of readers is shown by the demand for this new (the third) edition. It has been completely revised, largely rewritten, and rounded out with much entirely new matter.

Globules.

"I believe that in the majority of instances this moving is a mistake. The time lost in obtaining a new foothold in a perhaps more desirable and larger community, the money spent in answering the greater demands usually necessary when taking up one's work in a new field, the wear and tear on the nervous system of the man who has been used to being busy and forced again to sit and wait as in the beginning of his career, all of these things beat back rather than push forward the physician who attempts it. They could be more profitably exercised in re-developing the opportunities in the field already occupied."—Dr. J. F. Percy, president of Institute State Medical Society, quoted in *Medical Forum*.

So say we all of us!

—Langwidge as is langwidge! "By doing as Hahnemann did when he smote the adamantine breast of nature with the mystic rod of knowledge, and the stream of healing burst forth in all its sparkling freshness to succor and to save."—From a contribution to *The Critique*.

Now, say, really, had you ever thought of it in just exactly that light, and if you had, why so? Still there seems to be an eternal fitness between a breast and a succor.

—The other day the village physician was handed this rather startling note:

"Dear Doctor—Will you kindly give Robert enough chloroform to kill a dog, and oblige his mother.
"MARTHA JAMISON."

—A Tennessee minister declares that hell is a place of strong drink, tobacco, baseball, theaters, and peekaboo shirtwaists. Which causes the irreverent *Kansas City Journal* paragrapher to exclaim, "O Death, where is thy sting?"—*Oakland Inquirer*.

—The *Pacific Medical Journal* is not overly grateful for the new California Medical Law, which goes into effect May 1, 1907. The Board consists of eleven members, five from the old school and two each from the homeopathic, eclectic, and osteopathic schools. It requires seven votes to make legal and effective any act of the Board. The Governor appoints these eleven, from twenty-two names submitted to him by the several State Medical Societies of California. The Board holds its life two years. It grants several forms of certificates, one for medicine and surgery, one for osteopathy, and one for those practising any other form of healing. How examinations in the latter branch are to be made by the Board—no member of "any other form of healing," being represented therein or thereon—is a query. The *Pacific Medical Journal* says that the Christian Scientists and other Faith Healers have won the day. To a cursory reader of the bill—to one not directly interested—it looks like an effort to please all sides and shades of medical (and healing) beliefs. It makes allowance in the examinations for years of practice. It defines clearly what it means by unprofessional conduct; and it leaves a door open for revoking any license or certificate issued by itself. The feeling which fills the out-of-that-State readers is that it does *not* shut the door on reputable practitioners from other States; it does *not* spring impossible conditions on them; in short, California still invites the best from all the walks and avocations of life to come there and enjoy God's country.

—There are no homeopathic doctors in Norway or in Persia.

—With what can they reproach me as a writer? I have always taken the part of the weak against the strong; I have always lived beneath the tattered tents of the conquered and slept by their hard bivouac. It is true, I have cancelled a number of too pompous adjectives which certain names have appropriated to themselves; and now and then I have also pricked the bubble of some bloated self-conceit. . . . Call it personalities—what of it? Every one has his own way of making war; the others shoot into the masses at half the height of a man; but I select my enemy and take a good aim. And if a plumed crest happens to pass by my door, I always give him the preference.—*Critic and Guide*.

—*The Doctor's Factotum*, a bright and cheery little leaflet issued by the Arlington Chemical Co., is usually closed with a page or two of snappy and sparkling stories to the manner born. Here are two of them:

A Topeka man was complaining of rheumatism, says an exchange.

"There's no excuse for your being afflicted," said a friend. "I used to have rheumatism. When it would strike me, I would go home and have my wife throw her arms around my neck and give me a massage treatment. It helped me every time. You ought to try it."

"I will," said the man. "When will I find your wife at home?"

A lady doctor, writing to the *London Daily Chronicle* on "Women Workers," makes the following unanswerable statement: "If you come to estimate a day's work—even in foot pounds—the woman who cleans, bakes, washes, and takes to school six children, carries water and tramps upstairs and down for sixteen hours a day, need not fear comparison as to kinetic energy even with a miner working eight hours." "True; but is all this quite necessary?" asks old Mr. Punch. "Could not her children sometimes go to school unaccompanied and unbaked? And why must she keep on carrying tramps up and downstairs all the time? Is it even fair on these poor unemployed?"

—For the past three months every number of *The Century Magazine* has gone out of print within a few weeks of issue.

—One of the requirements of the Antiphlogistine Company is that the lid shall be kept on its boxes tight, which suggests the thought that "keeping the lid on" is considered a rather precarious and, at times, wholly unsuccessful operation. We are credibly informed by our Special War Correspondent on the spot that Colorado, the home of Antiphlogistine, is just now going through a singular experience with its preacher-Governor. His reported conduct clearly proves one of two things: either he has lost his moral grip; or he has sold out to the enemies of good order and good citizenship. What has all this to do with Antiphlogistine? Nothing whatever, unless someone might suggest the application of this wonderful emollient, in hot doses to the alleged cerebral end of the clerical official hereinbefore named. It is very soothing and might result in reducing the size of his hat-band perceptibly.

—The Homeopathic Medical College of Mo. (St. Louis), held its commencement exercises on Thursday evening April 18th. The occasion was a pleasant one; Dr. McElwee making the Dean report, and Dr. Gibson presenting the diplomas. Lots of music but "No Fowers."

—The *Monthly Homoeopathic Review*, of London, in celebrating its golden wedding anniversary, gives up the ghost and amalgamates itself

with the *British Journal of Homeopathy* (or *vice versa*), appearing henceforth as the *British Homeopathic Review*. It has in its past career—the *Monthly Homeopathic Review* has—been presided over by the finest talent in the profession at the concurrent times. The last editors, Drs. Pope and Dyce Brown, who have grown grey and honored in the service, are now made Consulting Editors, our unhappy, awkward, and left-handed way of making Professors and others into Emeritus-es not having found a foothold in Old England. A Board of Editors now takes charge, consisting of Drs. John McLachlin, W. Theophilus Ord, and T. G. Stonham, with a permanent staff of correspondents. The make-up is a good deal after the American pattern—and what greater praise could you expect from Sir Hubert?—in that it has short, pithy, well-written editorials on current and professional topics; also in admitting correspondence from all parts of the continent. The British Homeopathic Association is the publisher and “angel.”

“ . . . And the British Homeopathic Association . . . will use every effort to maintain and develop the high standard of this journal as the monthly professional organ of British Homeopathy.” So says the new amalgamated English journal. (Dr. John H. Clarke please copy.)

—The health officer at Pittsburg advises the boiling of milk before using, to destroy the germs. The health officer at Cleveland says don't do it. And there you are. When doctors disagree—

—The work at the Jamestown Exposition is progressing nicely and everything will be ready for the opening. The Auditorium building prepared for societies will be a handsome structure and very commodious, with room for all purposes.

—It will be wise to secure your rooms in the Inside Inn, Jamestown Exposition, as early as possible. A postal card request will be duly honored. Make your application before June 1st.

—A very great compliment to American Homeopathy is the use of a picture of the Hahnemann Monument at Washington as a front-cover ornament for the new *British Journal of Homeopathy*. [Not a comma to bless oneself with!]

—By an inadvertence the names of several Institute Committees were omitted in the list furnished the homeopathic press. This was in part occasioned by the mix-up consequent upon the late session at Atlantic City, and the change of secretaries “while crossing a stream.” Very few Institute members have realized the stupendous work which fell upon the shoulders of the present secretary; it would have been considered enormous had there been merely the meeting of the Institute; but the addition of the International Congress made the labor exceedingly try-

ing and difficult. However, each member of the committees whose names have been unintentionally omitted, has been individually notified, and in such good time as to avoid any disaster to his work.

—Stramonium should be the remedy in many cases of insanity, especially in that which accompanies or is due to epilepsy. Do not forget the “bloated, congested, red face.” It is the remedy in some cases of paralysis following convulsions, strong injections, shock, etc., or from suppressed eruptive disorders. It is as well an excellent remedy in the treatment of eruptive diseases in their earlier stages. It helps bring out the eruption, it lessens nervousness, it favors sleep. Stramonium is frequently an excellent cough remedy, better than opium. Try it in spasmodic coughs, whooping-cough, etc., where there is vomiting or hemorrhage from the nose or mouth, caused by the fits of coughing or spasm. It will sometimes relieve the pains of a dysmenorrhea and help expel the clots, and lessen the nervous accompaniments. Stramonium is a headache remedy of no mean value. It is frequently a remedy for abdominal wrongs, colic and gallstones, for bladder troubles, and in the treatment of the opium habit, etc. Do not forget the stramonium face; it has not the fullness and pallor of the belladonna patient, nor yet the flush of the gelsemium case.—*Bloyer*.

—The *May Century* has “A New Side of Lincoln” which deals with the troubles of the telegraph service during the years of the Civil War. The rencontre between the irascible Stanton and Major Eckert, chief of operators, is well written and ends well. Lorna Doone, a beautiful picture-frontispiece, done in colors from a painting by Ivanowski, is most attractive. The poem “Sir Barefoot” will touch many a heart of the elders, who will recognize themselves in some of the homely country pictures drawn by this poet, Edwin L. Sabin.

—“The Faultfinder” is a story in *St. Nicholas* of a woodchuck who lived in a hole, and a rabbit who visited him, which is delightfully told and takes us back to some of Uncle Remus' stories of Brer Rabbit.

—“A Proving of Quinine Sulphate,” by Fritz C. Askenstedt, M. D., of the Southwestern Homeopathic Medical College, and a reprint from *The Hahnemannian Monthly*, lies before us. We admired this paper when we read it originally, and a re-reading of it now in no way shows any loss of our appreciation. Dr. Askenstedt has given the profession a learned and well-digested proving of a very common remedy.

The American Physician.

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The American Physician

JUNE, 1907

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

Down among the Dead Men.

THIS title, however, is hardly true, for after all it is only a make-believe dead affair. But it sounded pretty and looked bookish. And since God made it, as Touchstone said of Audrey's features, so let it stand.

* * *

SOME little time ago it was necessary for Mark Twain the immaculate, he of the white hair, the white moustache, and white broadcloth suit, the white hat, and white shoes, to enter a strong denial as to his own death. He plead in his whimsical, albeit pathetic way, like Sigsbee upon a famous occasion, for a suspension of public opinion, alleging that the rumor was very much exaggerated, since he was not dead at all, at all. And of this Bill Jones could have borne valid testimony, if he, too, had not been really dead.

* * *

THEN Mrs. C-S Eddy leapt into a bit of brief ante-mortuary fame when the *New York World*, with its wonted veracity, declared her to be dying of an incurable and inoperable cancer, the same as half of her relatives here and beyond had done, and were doing. When, then, the dear octogenarian, after being ruthlessly haled from her well-earned privacy—let her theories and practice be what they may—made prompt and satisfactory denial of the alleged cancership, the same veracious journal, and palladium of human liberties, succeeded in launching a nasty lawsuit against her; apparently determined—if she were not really dead or dying—that it was high time to take her congé in some modern form of euthanasia, and so endow a hungry horde of litigious descendants with her accredited millions. Truly a marvelous spectacle, that of a powerful journal turning its giant's power loose in destroying the peace of an aged woman! And what will not a lawyer do sometimes? So there was found a

once prominent lawyer, senator, and politician, now an active member of the Roosevelt Ananias Club, who was willing to soil his palm with the retaining silver as counsel for the alleged plaintiff. And there the case rests for the present. As a lover of woman we sincerely hope that some measure of justice may be meted out to the human derelicts engaged in this ennobling sport!

* * *

FOLLOWING shortly upon this came the insistent rumor that we, too, our own flippant and sarcastic self, had gone to the demnition bow-wows, dead, paralyzed, and all o' that and all o' that to the end of the gruesome chapter of sepulchral possibilities. So well had someone in our own little village done this congenial stunt, that "friends" in other cities deemed it advisable to communicate with other "friends" in this city, touching our funeral and flowerless ob'squees. And some of these enquiring smell-feast friends doubtlessly were moved also with an eye single to the possible loaves and fishes of the Secretarial office, the phylacteries and things—we had almost said the phytolaccas of office.

* * *

AGAIN, there swept into this office, seemingly from the highest authority, the rumor that the tall sycamore of the Wabash, the editor of the *Clinical Reporter* of St. Louis, the real originator and father of the Gibson girl, Dr. David M. Gibson, Dean of the Missouri Homeopathic Medical College, our beloved alma mater, had "cashed in" and was now above and beyond the care of the high potency, the opsonic index, or the very latest discoveries by advanced homeopaths in the matter of acetanilid-Homeopathy and pound-bottle specialism. Here our real sorrow began, for we always loved our Gibsey boy, and as we were arranging the editorial yellow paper in our typewriter, momentarily pondering where to begin our tribute to the rare virtues and lovable characteris-

tics of our well-cherished brother—lo and behold you, sirs, a letter was handed us from the veritable said last aforesaid, stoutly denying his decease! *Que voulez-vous?*

* * *

BUT it will be admitted that we have reserved the best wine to the close of the funeral baked meats and adnexa, when we say that in the Alumni Directory of the New York Homeopathic Medical College and Hospital, among the Deceased Graduates, we find that our good friend and most helpful brother, the emergency Secretary of the American Institute of Homeopathy,—in short, not to put too fine a point on it, Dr. J. Richey Horner—had departed these scenes in due and knightly form. And was no more. Deceased. Dead, in short,—right reverends and wrong reverends of every degree! He belonged to the class of 1884. And he seems to have been thus deceased, demised, and dead for so long a time that it is to be marveled at how he could deceive his multitude of friends. Of course his name was spelt right this time; it always is when there is something bad or scandalous to be imparted. At any other time it would have been Homer, or J. Ricketty Hamer, or J. R. Hosmer, or John R. Heenan. But not this time. Still, less than an hour ago, he, Horner, this alleged deader, called us up on the 'phone, and, like the tall Gibson of the Wabash, as strenuously denied his taking off, the New York Homeopathic College Alumni record, darn 'em, to the contrary notwithstanding. And, again, *que voulez-vous?*

* * *

WHAT means this carnival of deader-news? Is there not sufficient in the public print, even with the thrice salacious and unutterably filthy Thaw case momentarily out of the public eye and nostrils—with the lid down hard and proper on that unspeakable mess of carrion and corruption—to keep the muck-rakers, the overglad bearer of evil tidings to Pharaoh, busy? Have we not of late, and all too frequently, been called upon to chronicle the actual death of so many of our eminent and highly-esteemed brethren in the profession, that it must needs become necessary to fill good white space in our publications with denials of deaths of other friends? Can we not for a little while divert our stagnating gray matter and regale our morbid curiosity with more wholesome, more healthy sub-

jects, than in the gloating—in some instances certainly—over the undead deaders?

* * *

WE believe that Gibson and Horner are likely to outlive the Scriptural three-score-and-ten, and—(let us all hope this that we now say may not become true)—and ultimately finish up as old men of from 104 to 112 years old, each, several, and respectively; long-haired, or sparsely haired with that wisp of remnant locks roached forward parietally over incipient bald spots, bearded like pards (whatever that may mean), wearing horn spectacles, collarless shirts, as well as other necessary habiliments, and a jolly how-come-you-so look, while advertising of a Sunday morning the longevitous characteristics of Duffy's Malt Whisky; or recommending the beneficent softening possibilities on the hardening arteries of that great American quinine and whisky dope. *Pe-run-a*; nay, since our imagination is revelling in riot, possibly filling-in cured certificates for dear Sister Lydia Pinkham's Compounds—a baby in every bottle.

* * *

JUMPING from one extreme to the other, we come now to a maddening medium—the disappearance of one well-known person, whom no one to-day seems able to find; one whose life and struggles and vanishing might fittingly fit into another Amelia-Rives story of "The Quick or the Dead." Singular, is it not, when you come to think of it, how in a modern commonwealth, with its myriad eyes, its telephones, its telegraphs, its Sherlock Holmes', its omnivorous and ubiquitous reporters and correspondents,—how any public personage can walk into his office, close the door upon himself, and then descend into the limbo of the Lost, as successfully as did the Black Crook into the stage cellar while crying "Zamiel, Zamiel, I am H-E-R-E!!" amid the glare and flare of generous red light and satanic music, in our earlier theater-going days.

* * *

TWO eminent men of St. Louis, both lawyers, one an ex-Judge of the Circuit Court, the other a well-known politician, ex-Lieut. Governor of Missouri in one of its critical periods, a personal friend of Carl Schurz, each in his own time, suddenly and without malice prepense, opened a segment of the linoleum-covering of his respective office-floor, and crept into absolute silence and oblivion—each for a longer or shorter

period of time. Pictures of the missing parties were published, rewards were offered—foul play being suspected as always—yet it was not until a year or more afterward, as our memory serves us now, that a visitor to the City of Mexico met and recognized the ex-Governor on one of the principal streets. But the ex-Governor did not respond to his name, and all efforts to recall him to his former self proved fruitless. The wife and daughter, being notified, journeyed thither and finally brought him back to St. Louis. In time some part of his memory returned to him, but he died later. He had lost his memory in an instant of time; had wandered aimlessly away to Mexico, leisurely, carelessly, in his demented state; traveling the usual highways of the nation, making no effort at concealment, passing all manner of guards and detectives, to eventually and accidentally become visible to an old friend and acquaintance visiting in Mexico. The other, the ex-Judge, was found at a later period in a western territory in a somewhat similar condition, but, happily, his mentality was again restored.

* * *

THESE disappearances, together with the one first hereinbefore mentioned, recall an unusually clever and interesting story published many years ago in *Lippincott's* entitled "Jason Hildreth's Identity." If you have never read this story, get it and note its wonderful unraveling of a plot in the life of an educated man, who, meeting with a disastrous criminal accident, lost his identity.

We have reason to believe and know that the notable personages referred to in this editorial leader, several of them most dear to us, our own modest self not excluded, are alive, very much alive, and likely to hold each his place in the activities of the world for many weeks of years yet unexplored in the womb of the future. But when the final disappearance must come—

"And we that now make merry in the room
They left, and summer dresses in new bloom,
Ourselves must we beneath the couch of earth
Descend, ourselves to make a couch—for whom?"

when that time comes (and we think we voice the thought of our Brothers Gibson and Horner), let it be in the good old-fashioned fashion, with the other old-fashioned and traditional six feet due east and west and six feet perpendicular, to encompass our crumbling mortality. So mote it be!

The Enlarged Prostate and Prostatectomy.

BY NEWMAN T. B. NOBLES, CLEVELAND, OHIO,

Professor of Surgery, Cleveland Homeopathic Medical College,
Attending Surgeon Cleveland City Hospital.

Once upon a time I determined to visit the clinics of certain surgeons who write and talk so glibly upon the subject under consideration. I desired to see at first hand just what the details of their work included. I accordingly made rather long surgical pilgrimages to Baltimore, Boston, New York, and Philadelphia. I believe I saw long rows of white-haired patriarchs who had been successfully prostatectomized, if I may so coin the term. I found the surgeons operated as glibly as they talked, and so in the last three or four years I have been an ardent admirer of prostatectomy for men who require relief for an obstructed bladder that cannot be secured in any other way.

At the outset I do not wish to be misunderstood as being one to advocate and practice this operation somewhat indiscriminately. I do wish to emphasize the importance of urging patients with an obstruction to urination to consider the advisability of operative intervention when other measures have been unsuccessfully tried; and it is extremely important that the operation be performed before the occurrence of pathological changes in the upper urinary tract which result from the presence of such obstruction.

This is important, as it has been shown that the mortality connected with prostatic obstruction results from these secondary pathological changes rather than directly from the obstruction.

The multiplicity of surgical methods of dealing with the hypertrophied prostate has its parallel in the varieties of theories that have been propounded as to the cause of the disease.

Enlargement of the prostate gland may be brought about by different forms of growth. It is, as a general thing, a senile change, occurring only after the age of fifty, and being most likely to arise after the attainment of sixty years. It is very rare for enlargement of the prostate to begin long before the age of fifty-five years of age or after the age of seventy. According to Freyer, 33 per cent. of all men past fifty-five years of age present some enlargement of the prostate.

There are some who oppose the view that prostatic enlargement is essentially a senile change. For instance, Bangs maintains that the change is

not senile; that it really begins early in life, but that its effects do not become manifest until during or after middle age. Undoubtedly the enlargement begins long before it occasions sufficient obstruction to induce symptoms, and the growth progresses very slowly. Guyon and the French school maintain that hypertrophy of the prostate gland is always the result of arteriosclerosis, affecting not only the prostate, but also the entire urinary tract. The hypertrophy that ensues affects the bladder-walls notably, as well as the prostate, because of distinct growth. Caspar has apparently demonstrated that Guyon's view is not correct. He has shown that in many cases there is no sclerosis of the prostatic arteries, and that frequently there are no sclerotic changes in other portions of the urinary tract. Another important point made by Caspar is that arteriosclerosis tends to cause degeneration, and not hypertrophy.

In the hypertrophied prostate there is an excessive production of fibrous tissue and of ill-formed glandular tissue, the mass constituting a fibro-adenoma. Again, in not a few prostates there is no real enlargement, but there is an indurated fibrous mass producing obstruction. In an enlargement of the prostate different elements may usually be recognized: soft hypertrophy of the gland; indurated enlargement of the glandular elements; fibrous enlargement; circumscribed tumor masses; distinct fibromata or myomata; or adeno-fibromyomata.

In general it may be said that nothing whatever has been demonstrated as to the real cause of senile hypertrophy.

The symptoms due to the obstruction include complete or incomplete retention of urine, accompanied by more or less atony of the bladder muscle, according to the extent and duration of the retention; and secondarily, those of inflammatory infection, pain, urgency, and frequency of urination, purulent and decomposed urine. The diagnosis is made more certain by examination of the rectum and bladder. It is impossible for prostatic hypertrophy to exist without some evidence of the enlargement being recognized per rectum.

Vesical exploration is provided by the catheter, which reveals the amount of residual urine, and also by a cystoscopic examination. I feel that one cannot accomplish satisfactory results in the treatment of this affection without the routine use of the cystoscope and I base my opinion upon my experience obtained in Young's Clinic at the

Johns Hopkins Hospital. It is a difficult instrument to use on account of the prostatic growth and sometimes causes great irritation.

The treatment had best be divided into so-called conservative and radical. We must not confound what we may well call an irritable prostate or a chronic prostatitis with prostatic hypertrophy. Certain prostatic difficulties respond nicely to simple measures. As homeopaths, I am sure we have all had satisfactory results in the treatment of some of our cases. I have seen the enlargement reduced materially under the action of gel., saw., palmetto, triticum repens, and other drugs. My most favored aid is a prescription as follows: Ammonium chloride one dram to four ounces of water, a teaspoonful of this mixture is given three times daily. I have had really brilliant success with the drug and wish to recommend it most highly for your consideration. I have had cases who were obliged to urinate every half hour, day and night, improve to such an extent that urination was only required every two or three hours and the use of the catheter abandoned. If results are not obtained in a week's time, the further use of this drug is probably not indicated.

We must consider that the size of the prostate and the existing symptoms are sometimes out of proportion. We sometimes find a prostate as large as a billiard ball with but three ounces of residual urine and only very little cystitis, and, on the other hand, a prostate as small as a hazelnut, encroaching directly upon the orifice of the urethra, with complete retention, entailing catheter life and chronic cystitis. Many patients have passed years of comfort and peace under the habitual use of the catheter, and its use is regarded by many as the proper course of treatment for cases of prostatic hypertrophy. However, when catheterism becomes difficult because of increasing obstruction and vesical irritability, or dangerous because of recurring infection of the bladder or ascending infection of the kidney, the time has arrived to try something beside medication, massage, electricity, and the X-rays.

When to operate is a question which must be decided in connection with the peculiarities of each individual case, according to the existing conditions and the patient's state of mind regarding the indefinite reliance upon the constant use of the catheter. Generally speaking it may be said when palliative measures fail to relieve active symptoms, when the catheter is not well tolerated, and the patient cannot be relied upon for its proper

use, operation is warranted. Delay should not be permitted when there is ascending kidney infection; for kidney complication is not a contra-indication for operation, but is ever an additional reason why one should be resorted to.

Simple rules for the use of the catheter might be formulated as follows: If the patient is intelligent and dexterous, if cystitis is not severe, if the amount of residual urine is not very large, if obstruction is not great, if the bladder retains considerable expulsive power, and if catheterization is easy and painless, rely upon this simple plan of treatment.

If there are three ounces of residual urine, use the catheter only at night. If there are six ounces, use it night and morning. If there are more than six ounces of residual urine, add one more catheterization a day for every additional two ounces present until the catheter is used six times in the twenty-four hours. It should never be oftener than this.

Prostatectomy is an operation attended by small mortality. Provided there is no marked dyscrasia, and provided the secondary lesions of the upper urinary tract are not severe, the mortality risk ought not to be over and ought probably to be under 3 per cent.

Most patients seeking advice, when the question of operation is broached, volunteer the remark that such treatment is out of the question, owing to their being advanced in life. All such patients are naturally more or less advanced in life, otherwise they would not be seeking advice for an old man's complaint.

The operations for the removal of the enlarged portions of the gland that have attained considerable prominence are the supra-pubic, the perineal, and the method of Bottini. The latter method had for its object the reduction of the gland by the burning of multiple grooves by an electric incisor introduced into the bladder. It is not a good method, and is seldom used now except in cases too feeble to be subjected to more radical procedure of prostatectomy.

The supra-pubic operation is a more favored method. It is more bloody than the perineal method, the bladder wall is opened in two places. Possibly it is easier to perform but it is no safer than the enucleation by the perineal route. My personal preference is for the perineal route and I prefer Young's technique to any other. There have been some unjust and untrue criticisms

urged against the procedure but experience shows there is no justifiable fear of the results.

Young has had fifty consecutive cases of perineal prostatectomy operated by his method without a death. Neither are there bad results. Patients who have been so operated are relieved of all obstruction to urination, they are not obliged to use the catheter, there is no incontinence of urine, and in the huge majority of cases the sexual powers have been perfectly restored. There is no difficulty in carrying out this technique on all varieties of hypertrophy, even those with huge median and lateral intravesical enlargements.

Drainage of the bladder by this route is more effectual and comfortable to the patient, the post-operative convalescence is short, and the operative risk, as compared with the supra-pubic method, is in all probability lessened. It is not infrequent that patients are able to be out of bed one week after the operation, and the healing process of the perineal wound goes on satisfactorily without much assistance on account of the drainage downward. The problems which confront the practitioner are no longer: what is the mortality? How often do urinary fistulæ result? Or are the patients rendered impotent? For they are no longer to be feared; but there is still considerable room for valuable investigation in regard to the diagnosis between prostatic hypertrophy, carcinoma of the prostate, and chronic prostatitis. It is by no means an easy matter to distinguish them one from another.

In the severe cases of chronic prostatitis without obstructive symptoms, a partial perineal prostatectomy can be performed with the idea of excising the chronic inflammatory tissue and providing drainage. The fact that the sexual powers are in no way interfered with has removed the greatest fear of operative intervention in chronic prostatitis and has brought this troublesome affection within the realm of operative surgery, which, however, will only be necessary in the very severe cases and those associated with obstruction to urination. I am convinced that the safest and best operation from the patient's standpoint is Young's method of conservative perineal prostatectomy through the perineum. In certain cases in which a large, soft, easily enucleable prostate with an extensive intravesical outgrowth is present it may be a little quicker for the operator to enucleate the entire prostate through the supra-pubic route, but on

the other hand, there are many cases, especially the small, more fibrous, and adherent varieties, in which supra-pubic prostatectomy is well-nigh impossible, unless the organ is removed en masse with its urethra and after laceration of the ejaculatory ducts. On account of the lesser mortality and pleasanter convalescence of the patient the perineal method is to be preferred. The great majority of the patients are out of bed on the second or third day after the operation, which is usually so benign in its effects that they can hardly realize that they have undergone what is usually considered a major operation, and are often anxious to leave the hospital during the first week.

The real conservative treatment for one suffering from prostatic obstruction is prostatectomy.

• • *Anacardium.*

Anacardium—"Irresistible desire to curse and swear,"—*Materia Medica.*

When on this life you've lost your grip,
Take Anacardium;
Don't let your ugly temper slip—
Try Anacardium.
When things don't work out on the square,
When you just ache to curse and swear,
Don't grit your teeth and tear your hair—
Take Anacardium.

When business runs down at the heel,
Take Anacardium;
When rivals do you up, don't squeal—
Try Anacardium.
Don't sit around and fret and mope,
Don't give your temper too much rope;
Remember, while there's life there's hope—
Take Anacardium.

When angry thoughts within you swell,
Try Anacardium;
Don't think this world has gone to—well,
Take Anacardium.
Don't let your ugly swear-words slide,
And risk your seat in heav'n beside;
Similia will save your hide—
Take Anacardium.

—Harvey B. Dale, M. D.

The Medical Ideal.

BY A. JEFFERIS TURNER, M. D.

If I had to classify the men I know, I should do so according to their ideals. Not that this would be an easy or even a practicable standard. A man with low ideals may give them free expression, but, as a general rule, there are few things about which men are more reticent. It is only by intimate acquaintance, or after a prolonged course of close observation, that one can form an estimate of the inward pattern, which is continually influencing either consciously or unconsciously, the visible behavior.

Similarly I would classify professions according to their ethical ideals. First, I would place all teachers of morals or religion, in the widest sense of these words, whose ethical ideal is so high as to be almost beyond the possibilities of human nature. Yet they cannot escape from it. It is admitted even by their enemies, who make it a favorite reproach that the teachers do not live according to their ideal. Second, I would place the scholastic profession, including all who instruct the young, from the kindergarten to the university. Third, I would place the medical profession.

No profession is without some ethical standard peculiar to itself. They say there is honor even among thieves, and I think it possible. The book-makers of the turf have a moral code. Enter into conversation with one of this fraternity, and you will find that he recognizes that among his colleagues there are "white men" and "black sheep." The tradesman has his standard of probity. The ideal trader must pay his debts. Instances have occurred where tradesmen who have become bankrupt have subsequently repaid their creditors, though under no legal obligation to do so, and such cases are admired as rare instances of conformity to the ideal standard. The ideal trader must give the purchaser good weight, and the article he sells must be what it is represented to be. He must not put sand in his sugar, and every pound of tea he sells must contain the full 16 ounces. I do not say the ideal is always realized, but it exists.

Why should the ethical standard of the medical man be higher and more exacting than that of the tradesman? The problem is interesting and deserves examination. It is not because medical men, as individuals, are ethically superior to

—Drs. James W. Ward and Sidney Worth have resigned from the San Francisco Board of Health, so says the *Pacific Coast Journal of Homoeopathy*.

tradesmen. There is no distinction of class nowadays, and both are drawn from the same families. The distinction must lie in the nature of the profession itself.

If I take a mental survey of this state I see new centers of population springing up here and there. As these reach a certain size, representatives of various trades and professions make their appearance. The hotel-keeper comes first, then the store-keeper; after them the blacksmith, the butcher, the carpenter, and so on. At a later date the bank manager, the solicitor, and the doctor. All these, in taking up their residence, are actuated by the same motive, the desire to make an income for themselves and their families. In this the medical man and the tradesman are alike. But on closer examination a difference is discernible. The tradesman sells his goods at a fixed price to all. The medical man sells his services according to a conventional tariff, which is not high in proportion to the services he renders, but which would soon make his fortune if it could be applied to all his clients. But a large number are attended by him at a much lower rate, either by contract or because he believes them unable to pay more than a proportion of the conventional tariff. Many also receive his services perforce for nothing. But why perforce? Because if he were to refuse to attend them for nothing he would injure his practice, invite opposition, and lose his paying patients. Gratuitous medical attendance of some extent at least is a necessity of his position. He may give it cheerfully or grudgingly, but in either case he is held in the grip of an ideal from which he cannot escape if he would. Nor does he escape in a city. Here, indeed, he can refuse to attend the necessitous individual, but what with hospitals, charitable institutions, and poor patients whom he chooses to attend, there are medical men, half or more of whose work is performed entirely for nothing. In this the medical profession is very different from most. It appears that the present social ideal is that all, whether rich or poor, should be able to obtain medical assistance. It may or may not be part of the ideal of the individual medical man, but it is part of the ideal of his profession.

There is another and still more important difference between the medical man and the tradesman. In dealing with the latter the buyer is assumed to be a competent judge of the quality of what he purchases. So long as the article is not adulterated, and so long as he gives fair weight,

the tradesman has no further responsibility. If I buy a pound of tea I must not be given an article containing dried birch leaves or iron filings, or spent leaves which have been redried. But whether it is good tea or not it is not for me to judge. This must be so, for to me good tea is the tea that I like best, and of that I am the most competent judge. Furthermore, I may prefer to buy tea that is not of the best quality, because it is cheaper in price. But the purchaser of medical advice is in a different position. He is no competent judge of the advice purchased, though he may think he is. There are patients who come to us expecting, and prepared to pay, for advice which is in accordance with their own wishes; and disappointed, or even resentful, if they do not get it. These are not of the wiser sort, nor are they very numerous. As a general rule, the patient comes seeking the advice which the medical man thinks best for him, and prepared to submit his own judgment. All patients, whether wise or foolish, imagine that they obtain a medical opinion which is based entirely on what is considered best for the patients' interest, quite unbiased by any consideration of what is for the profit of the person consulted. They place him, so far as their health is concerned, in the position of a trustee, and a trustee is bound not to allow himself to be biased by any personal consideration, but to act wholly for the best interests of his client.

In ordinary business self-interest is the chief guiding motive. With some qualifications, which I shall not delay to discuss, it is commonly assumed that every man engaged in business is prompted in all his transactions by the motive of personal gain, and that the general interest of the community is best consulted by the free competition of those who are strenuously engaged in pushing their own fortunes. Does this apply equally to the medical profession? I think not. No doubt it may be argued that the success and advancement of the medical practitioner depend on the good results of his treatment, and that therefore a keen desire to increase his income is sufficient incentive for him to do his best for his patients. Granting some force in this contention, I can only regard it as a half-truth, that is to say, one of the most dangerous forms of error. It may be true in the main, but the exceptions—the instances in which the interests of trustee and client do not coincide—are by no means rare. Let me give a few illustrations.

There are a few patients, mostly women, who are most anxious to be relieved of some comparatively trivial or perhaps wholly imaginary trouble by surgical operation. They have no conception of the possible dangers or deleterious after-effects of what they ask for. Nothing else will please them. Some indeed I have heard of go from one surgeon to another and undergo a series of operative interferences, none of which perhaps was really in their best interest. If the surgeon consults his own interest he will of course operate in these cases. It pays well. The risk to life is very small in such cases under present conditions of surgery. The patient almost certainly recovers from her operation; she thinks she is better for a time, and advertises the operator among her friends. The ultimate results are remote; the operator rarely hears of them, and if they should come under his notice they may be explained away. Conversely, there are of course cases where immediate operation is to the best interest of the patient, but he is averse to it. Perhaps it is a case of sudden illness, for instance a perforative peritonitis. The patient will very probably die after operation, and the friends will say the surgeon killed him. If by good hap he recovers they will not realize the imminent danger from which he has been saved. Here the temptation is to temporize, to please the patient and his friends by delay, to operate perhaps not at the best time for the patient, but at the least dangerous time for the surgeon's reputation. Again, we have the phthisical patient, whose best chance is immediate removal to a sanatorium; but there is little profit to his doctor in that. A phthisical patient is usually sanguine; if he is also wealthy, there is much profit to be made by keeping him in town, and tinkering him with drugs. He is sure to think he is being cured, and will be proportionately grateful. When his disease has progressed sufficiently far he may be sent away. There is not much chance of his blaming you for your assiduous treatment, which was more for your interest than his own. Another example is the well-to-do patient with a faith in alcoholic drinks, and a liking for them. Much can be made out of this patient—so long as you do not insist on giving the only advice that will do him good if he follows it. There is the patient with a tendency to become a "*malade imaginaire*," who by a little management can be converted into that towards which she is inclined, and so into a regular source of income. I need not multiply in-

stances to show that for the practice of medicine the ethics of trade are insufficient. A medical man may indeed be a tradesman, but he cannot be an honest tradesman, for the ethics of trade are not sufficient to secure honesty in the practice of medicine.

That a medical practitioner is not to be influenced by any consideration of self-interest in the advice that he gives is a rule that no one would be so foolish as to infringe openly. I fear, therefore, that you may consider that I am needlessly dwelling on what is obvious; but I do not think it is waste of time. For what is obviously part of our ideal is difficult to carry out in reality. It would be foolish to pretend that the rule is always observed; the wonder is that it is observed so far as it is. Self-interest is such a powerful underlying motive, and so often influences conduct unconsciously or semi-unconsciously. Patients are often so very foolish, so distrustful of the plain simple truth, so willing to pay handsomely for humbug. There is always the never-failing excuse handy: "If I do not give him the humbug he wants, some other man will." Competition is keen, present profit is always near, and the traditions of an honorable profession may appear distant. I know no better instance of the power of an ideal than that which struggles, by no means without success, against such temptations as these.

We live in an age when most things are regulated by competition, and the medical profession is no exception. This competition is not less real because it is silent. It may be regulated and purged of some of its baser elements by the professional code of honor, but it is not thereby rendered less effectual. Indeed it is quite possible for a man's keenest competitors to be his best friends. It is part of the professional ideal that this shall be an honorable competition. The tradesman is allowed full liberty of advertisement—a liberty which is, by the way, often grossly abused—because his customers are assumed to be competent judges of his wares. Our profession has set its face sternly against advertisement, for the reason that free advertisement could have no other issue than to attract patients to the baser and more ignorant of its members—a result which would not be for the public good. But our ideal in this matter goes far beyond what can be enforced by any set of rules. If a medical man wishes to advertise himself he does not need to exercise much ingenuity to do so without com-

mitting any technical breach. Nothing can prevent him from *vis à voce* advertisement in his consulting-room, or at his club, or among those he meets casually, nor from prompting his patients and friends to talk about his extraordinary skill or marvelous operations. Similarly, for one medical man to unfairly depreciate the work of another is an offense for which he may be brought to book, if he does so clumsily. But he must be very deficient in skill if he cannot attain the same result without incriminating himself. A smile, a shrug of the shoulders, the tone of the voice, or even a significant silence may be equally effective; if not, it is always possible to use some ambiguous phrase which will answer the purpose and can subsequently be explained away if necessary. In all these matters it is not the letter of our rules, but the spirit in which we act and speak, that is of most consequence.

I have said that charity is part of the medical ideal. Under this heading it is necessary to make some reservations. Charity is not always a virtue; it may be a weakness. *Corruptio optimi pessima*, as the old adage puts it. Indiscriminate and demoralizing charity is no part of our ideal. There are some patients—a minority, but by no means an insignificant minority—who prefer to obtain medical advice and assistance without paying for it. They include, of course, those who never pay for anything unless they can help it, but they also include some who appear to consider payment less obligatory in this particular instance, than in any other. This curious state of mind is, I think, due to the belief that medical charges are unnecessarily high and that medical men belong to a wealthy corporation, to whom the payment of their fees is a matter of minor consequence. This is a mistaken belief. Those of us who make an income largely in excess of their unavoidable expenditure are comparatively few. A medical man does not pay a high rent for a house in a hot and dusty city because he likes it, but because he is forced to do so by the exigencies of practice. He would probably much prefer to live in a cottage in the suburbs. He does not drive good horses or run an expensive motor for his own pleasure, but for the convenience of his patients. These things are forgotten; it is also forgotten that a medical man's education is longer and more expensive than that for any other profession, and that having obtained his diploma he has still usually a long apprenticeship to go through before he is in a position to make a

fair living by practice. Finally it is forgotten that should he succeed in obtaining this he is probably well up into middle life, and that with advancing years his income diminishes. Even though his professional ability and reputation still continue in advance of younger competitors, which is not always the case, he is unable to keep up the strain of an extensive practice, and finds himself compelled by physical reasons to restrict the quantity of his work. His harvest, should it ever come to him, is restricted to comparatively few years, during which he must provide for his old age and probably for the education of his children. If these things are fairly considered, it will be found that the average incomes of our profession are far from high; and if medical work is considered purely from a money-getting point of view, it is a poor speculation.

It is a duty which we owe to the public as well as to the profession to secure a fair recompense for our services to our patients according to their means. But there are two kinds of institutions in which there are special difficulties. I allude, firstly, to hospitals, secondly to friendly societies and medical benefit associations. Now, a hospital is an institution for providing free medical aid to those who are not able to pay for it. They may be only relatively poor, that is to say, able to pay for ordinary medical attendance, but unable to sustain the expense of a prolonged illness or a major operation. Unfortunately there has arisen in connection with the latter a system of patient's payments, not towards the expense of medical treatment by the honorary staff, which is entirely free, but towards the expense of keeping up the hospital. No one can object to patients making such donations to the hospital as they can afford, in part payment of the expenditure they have entailed, but to make such payments a matter of enquiry and bargaining before admission is destructive of the root-idea of a hospital—that is to say, a place for providing free medical aid. Some patients—not, I think, many—strain their limited means to keep up weekly payments as a matter of obligation, though they would be right subjects for free treatment. Others, and I believe, not a few, actually consider that they are paying for services rendered, including those of the honorary medical staff. Those who might have some qualms of conscience at accepting charity, readily stifle their scruples by the payment of a few shillings a week. Meanwhile the outsider remarks: "So-and-so, who is much better

off than myself has been a patient at the hospital; why should I be expected to give money for the hospital to treat men like him?" It would be found easier to prevent abuse if patients' payments were abolished, nor would the hospitals' revenue suffer in the long run.

To impose on the funds of a hospital may be considered a venial offense only by the unthinking. Every such offender is occupying the bed or taking up the time which would otherwise have been devoted to the relief of which someone is really in need. He is wasting the money which has been provided for the treatment of those poorer than himself. Lastly, he is defrauding the medical officers who are attached to the hospital. The mean-spirited robber of the poor is not likely to consider the last item of much consequence; but it is only because most men are honest and pay their doctors' bills that medical men exist and undertake hospital work.

I think medical men sometimes make a mistake in sending cases into the hospital for operation. If a patient can afford to pay for nursing and anesthetist, and a small fee for the operation, I think he should, if possible, be treated outside. To send him into hospital encourages the idea that outside operations are too costly for any but a few, and there is a real risk that the patient, having been introduced to the hospital, will in future demand hospital treatment on his own account. Every practitioner is, of course entitled to operate only for a fixed fee if he prefers, but in that case he might transfer the case to a competent colleague, who finds it worth his while to accept less.

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Acute Appendicitis and Its Medicinal Cure.

The following case may serve as an example of the distinct and definite curative value of a homeopathically chosen remedy in a grave and urgent malady, viz., acute appendicitis.

If operative interference is to be obviated, needless to say, in the patient's interest, as also from the physician's point of view, it is everything to get a case in time. If inflammatory mischief is unchecked, the tendency towards the formation of pus and perforation is manifestly the great danger, and the desideratum in treatment, medicinal and otherwise, is at all cost to anticipate and prevent this.

I was called on March 17, 1907, to see a little boy aged ten. The symptoms were those of

catarrh of the bile-duct, viz., jaundice, light-colored stools, vomiting, bile-stained urine, headache, milky-white tongue, and temperature of 101° F. The unusual feature in his case was slight pain complained of with tenderness, not over the gall-bladder, as might have been expected, but lower down in his right iliac region over the appendix. Pain radiating into right leg and inside of thigh was a marked concomitant.

Acon. and bryonia alt. were prescribed, with marked relief to the biliary symptoms. The pain in appendix, however, increased, becoming spasmodic and colicky in character. At the same time, pain on touch became by the fifth day intense, a decided tumor developing over appendix, noticeable to patient himself, and clearly defined by palpation and dullness of percussion note. Legs were instinctively drawn up, abdomen becoming slightly tympanitic, and stools loose and frequent, tenesmus before each motion being very acute.

Temperature rose to 103.4°, with rapid, feeble pulse, general prostration, and collapse becoming imminent.

Merc cor. 3 was prescribed in hourly doses. At first this seemed to aggravate, pains increasing in violence, but the remedy in the same potency was continued in more diluted dose. The effect was marked and unmistakable, pain and tenderness rapidly passing off, and with it tumor subsiding and becoming undiscoverable by the 28th, or ten days from the commencement of the illness.

Milk diet only was permitted, and locally, hot fomentations with a few drops of turpentine. The complete recovery of the case was very gratifying, and in this instance the value of merc. cor. as the remedy pronounced and unmistakable.

The incidence of the attack, with symptoms of biliary obstruction, as also catarrh of the bowels, was somewhat peculiar, at the same time significant and indicative in determining the remedy.

Apropos of this case, I may mention another which came under my care in February, 1905, and which, though I have no notes, I well remember as causing much anxiety and exercise as to the question of operation; whether such was imperative or justifiably to be delayed, in favor of persistence in the medicinal treatment alone.

In this case, also that of a boy, aged thirteen, the symptoms, if anything, were even more acute than the previously recorded one, the appendix tumor being elongated and larger, and formation

of abscess imminent. Liver symptoms were absent, and bowels obstinately confined.

Bell. and bryonia were the principal remedies prescribed and persisted in, daily enemata of very hot water, somewhat contrary to the text-book rules, being regularly employed. The idea in this was to foment internally, allay irritation, and prevent as far as possible the pressure symptoms of fecal accumulation.

The case completely recovered, the cure, if we may adopt the term, proving to be permanent, no relapse or return of symptoms having occurred up to the present time.

It may be conceded that 70 or 80 per cent. of cases of appendicitis get well without operation, but such that do so, it has been estimated, indicate the tendency to recovery within twenty-four hours.

In both of the two cases recorded above the acute local symptoms were subsequent to this period, and progressively urgent from the fourth day at least and onwards from the commencement of the appendicitis mischief.

In both cases, again, it may be remarked that local mischief was probably simple, dependent upon acute catarrh and inflammation of appendix, with its attendant perityphlitis. Had the existence of a foreign body, or even impacted fecal accumulation in appendix, been suspected or diagnosable, a very different complexion indeed would have been put upon the prognosis, and delay in operation unjustifiable.—*British Review*.

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Clinical Cases from the Practice at the London Homeopathic Hospital.

PERNICIOUS ANEMIA.

BY BYRES MOIR, M. D.,

AND

FRANK A. WATKINS, M. R. C. S.

Until within recent years it was generally accepted that progressive pernicious anemia was of idiopathic origin, although it could be demonstrated that striking and peculiar changes were present in the blood and marrow. It was at the same time allowed that such general causes as insufficient food, bad hygiene, repeated hemorrhages, and prolonged diarrhea could act as excitants, but that they were insufficient to produce the result.

This view has since been very considerably modified, when it was established by observation

and experiment that certain chemical substances, gastro-intestinal toxins, intestinal parasites, etc., were capable of initiating the pathological lesions and general clinical features peculiar to pernicious anemia.

At the present day it is no longer insisted that there is a cryptogenic factor in the etiology of the disease, or that the disease necessarily follows a fatal course. The essential process in the disease is a reversion of the marrow to a type of blood formation which in some respects resembles the embryonal.

Our reason for contributing this short paper is to illustrate the fact that whilst the disease is generally easily recognized by certain well-defined signs and symptoms, yet one occasionally meets with a case where most of these are absent, and consequently the diagnosis cannot be placed beyond doubt until an autopsy has been made. In pursuance of our purpose we proceed to give an extract of the clinical notes of a patient who was recently admitted into the Hahnemann Ward under the care of one of us (Dr. Moir), and the blood examinations and the autopsy were made by the other of us (Dr. Watkins). The clinical notes were made by Dr. H. L. Deck.

"J. S., aged fifty-two, engineer, admitted into the London Homeopathic Hospital on November 30, 1906.

"Previous to admission he had been attending as out-patient under the care of Col. Deane, his history being that three years ago he began to be subject to attacks of vomiting two or three hours after taking 'greasy food.' This vomiting had been completely relieved for twelve months by mixing Fairchild's powders with his food. He came to the Hospital complaining that he had been losing the power in the limbs during the last six months, the trouble beginning in the legs with a sensation that the ground felt very hard under his feet. After attacks of vomiting he said that a numbness and weakness would travel down his legs into the soles of his feet. He noticed at this time that he very readily became fatigued; he was very anemic and suffered much from anorexia. He improved considerably under treatment until the end of November, when the vomiting became persistent and he was admitted into the Hospital.

"Present condition.—Patient is emaciated, very anemic, and in a feeble condition. He complains of pains in legs, stiffness in knees and ankles, and

has very little power in the legs when he stands up with arms hanging by side, and if the numbness be present, the anesthetic level in arms is about the same as in the abdomen. Sensation in the soles of the feet is poor; sensation of touch is quite correct. Gait is unsteady; left knee-jerks somewhat sluggish. The pupils are equal and react to light and accommodation; no incontinence of urine and feces. No abnormal physical signs were found in chest and abdomen, except some retraction of the left rectus over the gastric region. He frequently vomits bile-stained food, the vomiting occurring at any time.

"On December 4 the blood condition was as follows: Hemoglobin 30 per cent.; red cells 1,800,000 per cmm.; white cells 9,555 per cmm.; color index 0.83; differential count of white cells, polymorphonuclears 81 per cent.; lymphocytes (small) 14 per cent.; large lymphocytes 5 per cent.; eosinophiles 0 per cent.; the red cells are very much misshapen (poikilocytosis) and variable in size, although no abnormally large ones were observed (megalocytes); no nucleated red cells were found (normoblasts and megaloblasts).

"Subsequently the hemoglobin and red cells became further reduced, and on January 7 their condition was as follows: Hemoglobin 15 per cent.; red cells 910,000 per cmm.; color index 0.82; no myelocytes nor nucleated red cells were found.

"The temperature during this time generally fluctuated between 98° and 99° F., but on occasions reached 101° and even 102.5°.

"The body weight remained practically stationary at 9 stone.

"At intervals the vomiting was troublesome; the weakness became more pronounced; the complexion of the face assumed the 'lemon' tint, and the patient gradually sank six weeks after admission.

"An autopsy was made on January 14. The body was much emaciated, the abdominal parietes containing very little adipose tissue. The left pleura was adherent at the apex, and a small quantity of clear serum was contained within the boundaries of the adhesions, being shut off from the general pleural cavity. Both lungs contained a quantity of serous frothy fluid. The heart was devoid of adipose tissue, looked pale and flabby; the endocardium showed 'tabby-cat' striation, and there was some thickening of the mitral valve. The abdominal viscera were very pale but other-

wise looked normal, with the exception of the left kidney, which showed considerable fatty degeneration.

"The spleen appeared to be normal. The intestine was searched for worms but none were found. The marrow in the shaft of the left humerus was quite red.

"Microscopic section of the marrow showed advanced megaloblastic metaplasia of the lymphoid marrow. Fat cells being almost entirely removed."

The diagnosis was mainly arrived at by the process of exclusion. The cardinal features of the complaint consisted of a profound increasing anemia, attended by attacks of vomiting and certain disturbances of the nervous system, which latter were apparently evoked entirely by the severe anemia. The altered appearances of the blood corresponded to those usually associated with severe secondary anemia.

The perusal of the above clinical notes shows that there was no history of any exciting cause, such as mental shock, emotional disturbance, persistent diarrhea, or repeated hemorrhages; instead of the usual preservation of the body weight, there was marked emaciation; the usual "lemon" tint of the face did not make its appearance till late in the course of the disease; and there were no petechial hemorrhages.

The blood examination revealed the fact that though the red corpuscles were very much reduced in numbers, yet the individual corpuscles contained less than the normal amount of hemoglobin, and this was expressed by the color index of 0.83. It is usual, but not invariably so, to find that the color index reaches a fraction above a unit. Myelocytes, megalocytes, normoblasts, and megaloblasts, were all absent. When these are present they afford valuable evidence in forming a diagnosis. Eosinophiles were also absent; when present in excess they have indicated the presence of intestinal parasites; anthelmintics administered have been followed by the expulsion of worms (*bothriocephalus latus* and *ankylostoma duodenale*), and rapid recovery of the patient.—*Ibid.*

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Case of Influential Pneumonia Followed by Cirrhosis of the Lung.

REPORTED BY DR. C. OSMOND BODMAN.

W. M. K., aged 13, came under treatment at the end of the first week in December, 1905, for

influenza. On the 9th he first complained of a pain in the right side of the chest, with a short, dry cough; hurried and catching respiration. The temperature was 102° ; examination of the chest revealed some deficiency of resonance in the right axillary region, with prolonged expiratory murmur and pleuritic friction sound. Bry. 3x and phos. 3 alt. were prescribed.

Two days later there was definite dullness of the right side of the chest below the fourth rib, with other signs of pulmonary consolidation.

On the 13th the temperature rose to 104.4° , pulse 132, and respiration 44; the area of consolidation now reached the level of the third rib, signs of fluid in the pleural cavity were detected anteriorly, and the apex beat of the heart was displaced outwards. The sputum was now blood-stained and raised with difficulty. Phos. 3 and sulph. 3 alt.

Two days later, again, pain, cough, and expectoration were all decidedly less; the apex beat was now in the nipple line, but a small area of consolidation appeared at the angle of the left scapula. The tongue was covered with a thick white coat. Ant. tart. 3x was substituted for phos.

On December 20th the whole of the right lung, with the exception of the apex, appeared to be consolidated, with a small collection of fluid in the axillary region; there were also definite signs of consolidation of the base of the left lung. The temperature from this time tended to become rather lower, but assumed a somewhat hectic type, while the pulse and respiration remained accelerated. Iod. 3x, with a dose of calc. c. 30 every evening.

A week later, the physical signs in the chest were noted as much the same. An offensive diarrhea set in, with some abdominal distention. The expectoration again contained blood, and there was a good deal of sweating. The superficial veins of the right side of the head and chest were observed to be enlarged. Stann. iod. 3x was ordered by day.

On January 14th the temperature, though lower, still rose to about 101° every evening, the stools were inclined to be too loose and frequent, and the sputum was now purulent and very offensive. The percussion note over the right lung was now high-pitched, with bronchial breath sounds and moist crepitations; at the base there was cavernous breathing. Pyrogen. 6 was now ordered.

Under the influence of this medicine the patient made steady improvement, the temperature becoming almost normal. The pulse rate fell, and diarrhea disappeared; expectoration became less and lost its offensive odor. Ars. iod. 3x was prescribed.

The patient gradually lost his cough and regained strength. Subsequent examination of the chest indicated that the right lung had become completely atrophied and shrunk, there being very little air entry, while the left lung had undergone compensatory hypertrophy.

The case is of interest as affording a somewhat unusual result of influenzal pneumonia, the condition probably passing into fibroid pneumonia, followed by complete cirrhosis of the lung. The case, though at one time desperate and almost hopeless, made remarkable progress under homeopathic medicines (the effect of pyrogenium being especially marked), and recovery of the patient took place, though with loss of function of one lung.—*Ibid.*

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Hydrastis Canadensis.

BY P. F. BULLINGTON, M. D.

I shall not attempt to give any new uses of this remedy, but simply confirm some experiences, for since my graduation in 1892 I have used hydrastis continuously in my practice with much satisfaction.

It is my opinion that the greater part of the good resulting from the use of hydrastis is through its tonic effect upon the system. If we give a weak and hungry man an ounce of whisky, he soon feels strong and invigorated; this effect comes from the stimulation and soon passes away. If we should give the same man, instead of the whisky, four ounces of wholesome beefsteak he would soon begin to feel a sense of satisfaction and a returning of his former strength; this, too, is a stimulating effect, but of a tonic and lasting nature— is life itself. So with hydrastis: when compared with other stimulating drugs, it acts more like the beefsteak (though not a food), and its action is slower though more lasting. Its effects are more marked upon the mucous and glandular systems, than upon other portions of the body.

As a remedy for stomach disorders, either acute

or chronic, resulting from atony we have none better. In all ulcerated or hemorrhagic conditions of the mucous membranes, resulting from capillary congestion, hydrastis is one of our best remedies.

In chronic malaria, hydrastis combined with gelsemium and bryonia, will often relieve.

In night sweats of pulmonary consumption, or following typhoid fever, pneumonia, grippe, or rheumatism, hydrastis is a reliable remedy.

In simple conjunctivitis, gtt. x. spec. med., or a good fl. ext. to the ounce of water, dropped in the eye every two or three hours often cures in short order.

In gonorrhea an injection by hydrastis is preferable to the slow salts.

Hughes says: That he knows of no remedy so generally beneficial in simple constipation as hydrastis. It is especially a remedy for this condition in children. The following case is characteristic: Child a year old and constipated from birth. Cathartics and tepid water enemas had failed. Tincture of hydrastis, gtt. ij. was given twice a day; in a few days the difficulty was overcome, and had not returned after a year. If the stools delay a day a single dose is sufficient to restore the bowels to a normal state; at the same time the appetite, digestion, and assimilation of the child were improved.

Vertex headache in paroxysms every other day, commencing at 11 o'clock A. M. with excessive nausea, retching, and anguish. Hydrastis.—Raue's Record, 1873, p. 40.

Diarrhea—Patient wants to walk about, indicates hydrastis.—J. C. Morgan.—*Ibid.*

Hibbard reports a case of constipation in a child relieved by drop doses of tincture of hydrastis.—Raue's Record, 1874, p. 201.

H. F. Hunt recommends hydrastis in three cases of hemorrhoids where a small loss of blood is followed by excessive prostration.—Raue's Record, 1874, p. 202.

In sore mouth of nursing women where the tongue is large and indented by the teeth, hydrastis relieves.—W. M. Williamson.—Raue's Record, 1874, p. 106.

Leucorrhea (Guernsey's "Obstetrics," p. 647). Hydrastis. Yellow leucorrhea, of a very tenacious character; long threads or pieces in it; sometimes offensive.

Hydrastis.—For simple abrasion or other form of ulceration, low, malignant, and cancerous; much

gastric disturbance, flatulence, and constipation; sinking or weak feeling in the epigastrium.—Guernsey's "Obstetrics," p. 685.

Smallpox.—Hydrastis when the pustules are dark colored and there is great prostration; the face very red, itches and tingles, and there is facial edema quite marked, and the throat very sore.—Guernsey's "Obstetrics."

Eczema Frontalis.—There is a form of eczema that attacks the forehead along the roots of the hair. It comes on after catching cold, and itches when the patient is warm, or surface dry, and oozes after being washed. Hydrastis rx, cured after other remedies failed. R. T. Cooper.—Raue's Record, 1872, p. 96.

Gonorrhea and gleet with debility; painless, with copious discharge, indicating hydrastis.—Raue's Record, *Ibid.*

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Medical Men's Fees.

Although we hear of very large fees paid for professional services, the average earnings of the American doctors are, according to the *St. Paul Medical Journal*, very small. Our contemporary estimates them at considerably less than \$1,000 a year. It adds that the average American bricklayer, carpenter, or plumber earns more than that. It relates a story recently heard from a country practitioner who was summoned several miles into the country to see the wife of a prosperous farmer. His fee, \$4, was objected to as excessive. Yet on the same day the farmer cheerfully paid a veterinary surgeon \$10 for driving the same distance to see a valuable horse. This might perhaps be taken to show the relative value which the farmer placed on his wife and his horse respectively. More probably, however, it only shows that he had grown accustomed to get medical attendance for next to nothing and thought the horse-doctor's services more valuable because they were charged for at a higher rate.

—Stramonium is by far better than the opiates; it does better work and less harm in mania, no matter whether the wildness is acute, chronic, puerperal, whisky, or hysterical. It is a remedy for the convulsions of hysteria—the patient laughs or cries, has the globus hystericus, in chorea, in nymphomania.—*Boyer.*



The Medical Library

By O B SERVER

Bakteriologische Untersuchungen ueber Haende-Desinfektion und ihre Endergebnisse fuer die Praxis.

The hands, says Dr. Sarwey, the author, cannot be sterilized; gloves can! But the necessity for a hundred pages of refutation and explanation is in itself evidence against the unqualified reliability of his dictum, and, further, even if the impossibility of sterilizing the hands be admitted the problem is but little advanced. To take Dr. Sarwey's own routine procedure: He bids one scrub the hands and arms in hot water for five minutes by the clock in many changes of water and using a medicated soap; then again for five minutes in 2 per cent. lysoform-alcohol, or 1 in 500 alcoholic solution of sublimate. Thus far, by his own showing, one has not succeeded in sterilizing the hands, and the sterile gloves are brought forth. But by what digital gymnastics is one to get the gloves into place without infecting them? And with that feat safely accomplished, it still remains to change them if by any chance during the course of the operation the thin india-rubber is torn or cut.

It is quite true that the whole aseptic system is founded upon the habitual use of precautions actually needed in a small proportion of cases only; because the saving in that small proportion outweighs the expenditure of time and trouble in the majority, for which there is not the same imperative need for minute precaution; and therefore, if the use of gloves would save one case in a hundred, or in a thousand, their use is unquestionably indicated. But, as a matter of fact, the irreducible minimum of sepsis from this source is a negligible quantity, and, where gloves are worn, it will often be rather for the protection of the hands of the operator than for the greater safety of the patient. It must be borne in mind that what applies to the skin of the operator's hands holds also for the skin of the patient in the operation area; if lavage and chemical disinfection will not suffice to rid the one of micro-organisms, neither will it be effective in the case of the other, and since the most successful attempt can only prove an approximation to absolutely aseptic conditions, the disadvantages of gloves acquire an importance to which they would not otherwise be entitled; these disadvantages are mechanical and can be minimized by usage but not eliminated. The method of Ahlfeld (the opponent of Sarwey), which merely insists upon the use of alcohol at some stage in the mechanical and chemical disinfection of the hands, is one which gives completely satisfactory results.

Traite des Maladies de l'Estomac.

This treatise on diseases of the stomach, the latest and the most important of the books written by the late Dr. Soupault, first deals with the methods of examining the patient, and describes these in considerable detail, giving the results of all the most recent methods, including radioscapy, many of which can only be employed under exceptional circumstances. The method described for ascertaining the size of the stomach by radioscapy is to cause the patient to swallow a large, hard pill of bismuth, which is then made to roll about into different positions, and its shadow marked upon the skin at different points, these points being finally united by lines drawn from one to the other.

The author draws attention to some observations of J. Ch. Roux, which prove that it is impossible to rely upon the seat of pain as giving a correct indication of the position of a gastric ulcer, for during life he marked the seat of pain with nitrate of silver on the skin of six patients, and then at the post-mortem examination drove a stylet through the mark right down to the vertebral column; subsequent dissection showed that the painful spot did not correspond to the pylorus or to any definite part of the stomach—in fact, that organ was often not transfixed by the gimlet—but it constantly corresponded with the celiac axis and the nervous plexuses which surround it.

The author is very clear in his explanation of a much misunderstood subject, the origin of stomach gas. He states that a large part is introduced by the mouth and the esophagus, either with the saliva or with food and drink; he admits that it is possible that intestinal gases may enter the stomach by the pylorus, and this is most likely to occur in the presence of marked constipation or intestinal obstruction; but he does not accept the theories of certain writers that gas may be exhaled from the vessels in the wall of the stomach. Finally, while allowing that stomach gas may result from modifications undergone by food during digestion, especially under the influence of microbial ferments, he contends that the gases which originate in this way are small in quantity under normal conditions, and only acquire some intensity in disease; he winds up this section by saying: "Most authors attribute the principal importance to this last cause of the production of gas. We believe for our part that they exaggerate the part it plays." In another place

he elaborates this view, and gives the various chemical and clinical reasons for his opinion, although he might have laid greater stress upon the commonest cause of aërophagy, namely, imperfect mastication so often the consequence of defective teeth.

There are so many points of interest in this volume, that many must perforce be passed over, confining our attention to those which are of the greatest practical importance. One of these is the value to be attributed to pain coming on sometimes after food, which has been very generally accepted as significant of hyperchlorhydria; quantitative analyses of the gastric juice, however, fail to confirm this hypothesis, and M. Soupault considered that it can be no longer maintained in view of the fact that even when the secretion of the stomach acid is excessive all the symptoms may disappear after the performance of a gastro-enterostomy, although this operation has no effect in diminishing the secretion. The opinion to which Soupault inclined in this, as in so many other questions where stomach pain is involved, was in favor of spasm of the pylorus as the direct cause of the pain, although he regarded the association of a hyperæsthetic state of the gastric mucous membrane as contributing to the production of this reflex spasm. He was not, however, on this account inclined to admit that all cases of severe pain are best treated by surgical intervention, but would limit it to those cases in which there is definite evidence of food stasis. From a somewhat considerable experience, we can support the author in his disagreement with Schreiber and his followers, who have stated that in the majority of healthy individuals 5 to 30 c. cm. of gastric juice may be found in the stomach twelve hours or fifteen hours after taking food.

Of considerable practical interest are the observations on the influence of bicarbonate of soda on the gastric secretion. It is well known that Trousseau taught that the prolonged use of alkalies led to a morbid condition which he called the alkaline cachexia, the dread of which, if not very present to the minds of medical men, is certainly by no means absent from those of the public who are often disposed to regard with considerable hesitation treatment which involves the prolonged use of alkalies. On the other hand, the medical profession is fully aware of the great benefits to be derived from their use, and it is therefore satisfactory to learn that the author, from a long series of researches made in association with Dr. Binet, came to the conclusion that bicarbonate of soda taken in a sufficient dose neutralizes the gastric juice and after a temporary excitement checks its secretion, but that at the end of many months, or even years, the gastric chemistry has remained just as it was, or varied within very narrow limits. For example, he gives the case of a patient who had suffered from symptoms of ulcer of the pylorus for six years, and during that time had taken an average of 100

grams (3 1-3 ounces) daily, yet the gastric juice of this patient showed the presence of 2.70 per mille of hydrochloric acid, which is about the average of that observed in cases of this kind. Whilst admitting the existence of congenital hypertrophic stenosis of the pylorus, Soupault considered it much more rare than certain authors claim, and that it does not always lead to serious results; if present to a marked degree in infants, it causes severe symptoms and is very likely to prove fatal if not relieved, but in adults this condition is met with in the post-mortem examination of subjects who have not presented during life any serious symptoms.

The question of dyspepsia is discussed at length. Setting aside all those cases which may be attributed to structural lesion, the author rejected the opinion very popular in France and supported especially by Professor Robin, that the common cause of dyspepsia is excessive secretion of gastric juice, and attributed it to nervous hyperæsthesia of the gastric mucous membrane.

An interesting summary is given of the results of surgical operations in cancer, showing that many cases have survived the operation for from two to eight years without relapse. One case is related from his own experience. The patient had a recurrence at the end of three and a half years, and he was still watching six patients without recurrence after six years, five years, four years, four years, three years, and two years respectively. Even more remarkable is the long duration of life which has been seen after gastro-enterostomy without removal of the growth, where the patient has remained in good health for from two to five years; no doubt under these conditions there is a natural suspicion of the correctness of the diagnosis, but the progress of the disease, and, in certain cases, microscopic examination, leave no room for doubt.

A Story of Evolution.

The name of Alfred Russel Wallace will always be remembered in the history of science, owing to his association with the chief incident in the world's history during the second half of the nineteenth century. It is no new thing to find that a glimpse of the same great generalization has been won by two minds almost at the same moment, but that it should have occurred in the case of a generalization which has so profoundly affected the course of thought as the Darwinian hypothesis, cannot fail to strike the imagination of any who realize that man doth not live by bread alone. After all, it is the things of the mind that count, and it is easier to imagine the twentieth century without electricity than without the theory of evolution.

Mr. Wallace, already a voluminous writer, has added to the long range of his volumes two, "My Life: A Record of Events and Opinions," which exceed in bulk any of his previous productions.

It would be ungracious to grumble too much at their size, for their chapters are so well arranged, the reader is supplied with so many sign-posts and warning boards, that it is easy to skip—and the judicious will be inclined to skip—a good many of the earlier chapters of the first volume and not a few of the later chapters in the second. For on many subjects Mr. Wallace is an antibody. But none can help admiring and respecting him, not merely because it is obvious that he quite honestly believes in the validity of the evidence by which he has been deluded, but because as soon as he begins to think and write about his own subject he becomes forcible, convincing, and lucid. Early in life he grasped a great principle, and it has been a sure guide to his footsteps through the labyrinth in which so many systematists have lost their way. It is a real intellectual treat to follow him here, and we can easily forgive while we regret the rest.

The book, as we have hinted, is most terribly spun out, and a keener sense of humor might have saved us many weary pages. It is difficult, too, to feel much interest in Mr. Wallace's conjectures as to his ancestry, in the fortunes of his father, or in his own school days.

After leaving school, Mr. Wallace worked with an elder brother as a land surveyor, and the many opportunities of leisure that this calling afforded him in various parts of England and South Wales seem to have confirmed a disposition to a practical study of natural history which had shown itself still earlier in life. Eventually, after a short experience as a schoolmaster, he resolved to make a venture as a collector, and, having arranged with Mr. S. Stevens, an enthusiastic student of British coleoptera and lepidoptera, to act as his agent, he set sail for the Amazon in April, 1848, in company with Mr. H. W. Bates, who spent many years there, and has recorded his experiences in a fascinating volume, "Naturalist on the Amazon."

Mr. Wallace spent four years on the Amazon, the Rio Negro, and their tributaries, and sent home many collections which made his name well known to entomologists and ornithologists. He had the misfortune, however, to lose the whole of a private collection he had formed owing to the destruction by fire when at sea of the ship on which he was returning home. He spent nearly two years at home reviewing his collections and the papers he wrote upon them gave him a considerable reputation among naturalists. Early in 1854, encouraged and assisted by Murchison, he went to the East, and spent the next eight years in the Malay Archipelago, visiting Borneo, the Celebes, the Moluccas, and other islands; it was this experience which enabled him to write his work on "Island Life."

Before this he had read "The Vestiges of Creation," a work which produced a great effect on his mind, as on that of many thoughtful students of Nature at that time. It is, of course, well known that the theory of natural selection oc-

curred to Wallace independently, but it may be interesting to quote the account he here gives of how the hypothesis first presented itself to him as the true explanation of a problem which had been long present to his mind:

"At the time in question I was suffering from a sharp attack of intermittent fever, and every day during the cold and succeeding hot fits had to lie down for several hours, during which time I had nothing to do but to think over any subjects then particularly interesting me. One day something brought to my recollection Malthus's 'Principles of Population,' which I had read about twelve years before. I thought of his clear exposition of 'the positive checks to increase'—disease, accidents, war, and famine—which keep down the population of savage races to so much lower an average than that of more civilized peoples. It then occurred to me that these causes, or their equivalents, are continually acting in the case of animals also; and as animals usually breed much more rapidly than does mankind, the destruction every year from these causes must be enormous in order to keep down the numbers of each species, since they evidently do not increase regularly from year to year, as otherwise the world would long ago have been densely crowded with those that breed most quickly. Vaguely thinking over the enormous and constant destruction which this implied, it occurred to me to ask a question, Why do some die and some live? And the answer was clearly, that on the whole the best fitted live. From the effects of disease the most healthy escape; from enemies, the strongest, the swiftest, or the most cunning; from famine, the best hunters or those with the best digestion; and so on. Then it suddenly flashed upon me that this self-acting process would necessarily improve the race, because in every generation the inferior would inevitably be killed off and the superior would remain—that is, the fittest would survive. Then at once I seemed to see the whole effect of this, that when changes of land and sea, or of climate, or of food supply, or of enemies occurred—and we know that such changes have always been taking place—and, considering the amount of individual variation that my experience as a collector had shown me to exist, then it followed that all the changes necessary for the adaptation of the species to the changing conditions would be brought about; and as great changes in the environment are always slow, there would be ample time for the change to be affected by the survival of the fittest in every generation. In this way every part of an animal's organization could be modified exactly as required, and in the very process of this modification the unmodified would die out, and thus the definite characters and the clear isolation of each new species would be explained. The more I thought over it the more I became convinced that I had at length found the long-sought-for law of Nature that solved the problem of the origin of species. For

the next hour I thought over the deficiencies in the theories of Lamarck and of the author of the 'Vestiges,' and I saw that my new theory supplemented these views, and obviated every important difficulty. I waited anxiously for the termination of my fit so that I might at once make notes for a paper on the subject. The same evening I did this pretty fully, and on the two succeeding evenings wrote it out carefully in order to send it to Darwin by the next post, which would leave in a day or two.

"I wrote a letter to him in which I said that I hoped the idea would be as new to him as it was to me, and that it would supply the missing factor to explain the origin of species. I asked him if he thought it sufficiently important to show it to Sir Charles Lyell, who had thought so highly of my former paper.

"The subsequent history of this article is fully given in the 'Life and Letters,' vol. ii, and I was of course, very much surprised to find that the same idea had occurred to Darwin, and that he had already nearly completed a large work fully developing it. The paper is reprinted in my 'Natural Selection and Tropical Nature,' and in reading it now it must be remembered that it was but a hasty first sketch that I had no opportunity of revising before it was printed in the journal of the Linnean Society, and especially that at that time nobody had any idea of the constant variability of every common species in every part and organ, which has since been proved to exist. Almost all the popular objections to natural selection are due to ignorance of this fact, and to the erroneous assumption that what are called 'favorable variations' occur only rarely, instead of being abundant, as they certainly are, in every generation, and quite large enough for the efficient action of 'survival of the fittest' in the improvement of the race."

Fortunately, in this instance were were spared one of those unfortunate wrangles as to priority which have defaced the history of science. Darwin generously recognized the originality of Wallace, and Wallace never ceased to praise the fullness and completeness of Darwin's demonstration. Writing to a friend in 1860, after receiving a copy of the "Origin of Species," he says: "I have read it through five or six times, each time with increasing admiration. It will live as long as the 'Principia' of Newton. It shows that Nature is, as I before remarked to you, a study that yields to none in grandeur and immensity. . . . The most intricate effects of the law of gravitation, the mutual disturbances of all the bodies of the solar system, are simplicity itself compared with the intricate relations and complicated struggle which have determined what forms of life shall exist and in what proportions. Mr. Darwin has given the world a new science, and his name should, in my opinion, stand above that of every philosopher of ancient or modern times. The force of admiration can no further go!" Again, writing to

Mr. Bates in the same year, he said: "I know not how, or to whom, to express fully my admiration of Darwin's book. To *him* it would seem flattery, to others self-praise; but I do honestly believe that, with however much patience I had worked and experimented on the subject, I could *never have approached* the completeness of his book, its vast accumulation of evidence, its overwhelming argument, and its admirable tone and spirit. I really feel thankful that it has not been left to me to give the theory to the world. Mr. Darwin has created a new science and a new philosophy, and I believe that never has such a complete illustration of a new branch of human knowledge been due to the labors and researches of a single man. Never have such vast masses of widely scattered and hitherto quite unconnected facts been combined into a system and brought to bear upon the establishment of such a grand, and new, and simple philosophy."

On returning to England in 1862, Wallace was sought out by Darwin, and friendly relations were maintained ever afterwards, although Wallace subsequently differed from Darwin on certain points. These were, as summarized by Mr. Wallace himself: First, with regard to the origin of man as an intellectual and moral being; Wallace holding that there is a difference in kind, intellectually and morally, between man and other animals, and that while his body was undoubtedly developed by the continuous modification of some ancestral animal form, some different agency analogous to that which first produced organic life and then originated consciousness came into play in order to develop the higher intellectual and spiritual nature of man. The second point was that Wallace did not accept that part of Darwin's argument for sexual selection which rested on the choice by the female of more musical or more ornamental male birds. The third point had reference to the distribution of arctic plants in the southern hemisphere and on isolated mountain tops within the tropics. Darwin's suggested explanation of the distribution was that it was due to a cooling of the tropical lowlands, during the glacial period, to such an extent as to allow north temperate and arctic plants to spread across the continents to the southern hemisphere, and, as the cold passed away, to ascend to the summits of isolated tropical mountains. Wallace held, from his study of the floras of oceanic islands, that the greater part of their flora was derived by aerial transmission of seeds either by birds or by gales, and extended this view to the transmission along mountain ranges. The fourth point was that Wallace was led to reject Darwin's theory of pangenesis and the transmission of acquired characters; in this he followed the general trend of modern opinion, which has been influenced by the views advanced by Dr. Weismann to reject the hypothesis that acquired characteristics can be transmitted.

TOPICS OF THE HOUR

American Institute of Homeopathy.

OFFICE OF THE PRESIDENT,
Hartford, Conn.

TO THE HOMEOPATHIC PHYSICIANS OF AMERICA:

Your national society is about to hold its annual meeting at Jamestown. I say *your* society, for it is yours whether you belong to it or not, since it is the standard bearer of Homeopathy and because of its strength and activity your position is stronger and you command greater respect in the communities in which you live.

Are you alive to your duty to the American Institute of Homeopathy and the privilege of belonging to it—you, who are not members or who do not attend its meetings? I am sure you neither realize how much you owe to the Institute nor how much you lose in not being of that company which yearly meets for scientific work and friendly intercourse. Both are of great advantage to the physician, since he will never reach his best if he strive alone and does not mix in just this way with his fellows. For the Institute is now so large and so strong that here will be found men and women of the highest attainment, standing in the front rank of the profession, leaders in every department, be it general practice, surgery, or any of the specialties. Is it not worth while to know such men and women, to hear their views and learn their methods, not only from their papers but by personal contact? The Institute is a very democratic body, acquaintances are easily formed, and the quiet interchange of ideas is constantly going on and is one of the best ways of acquiring information.

The social side of Institute life is one of its most enjoyable and profitable features. The acquaintances of the first year or two soon ripen into friends, each year increasing in number and becoming dearer. To one who has attended the meetings year after year the friendships thus formed become very precious and the experiences of Institute week are counted among the most enjoyable of his life, to which he looks forward with pleasant anticipation. He soon begins to have a personal feeling toward the Institute, which ere long becomes a positive affec-

tion, and he looks upon her as the college man does upon his Alma Mater.

There is still another feature of Institute life that should not be overlooked, for it is important and legitimate. It is a valuable professional asset to have acquaintances and friends located all over the country, for the American people are migratory and frequently change their places of residence and in so doing almost invariably ask their family physician to tell them what physician to employ in their new home. He is far more likely to recommend a man whom he personally knows and whose ability he has measured than he is a stranger, and a man does not attend the Institute many years before an accurate estimate of his character and ability is formed.

The Jamestown meeting affords an inviting opportunity to begin or renew Institute life, since we meet under favorable conditions both for work and recreation, the details of which have already been published. The reports of the annoyances and discomforts of the opening day of the Exposition need not alarm us, even if they were not exaggerated. Unquestionably the Exposition was not ready to entertain a large number of visitors in comfort on April 26th, but there is no question about our being well taken care of on June 17th. The Inside Inn, our headquarters, is completed and in excellent condition to take care of us in a satisfactory manner. All the sleeping rooms are in the second story, so that danger to life from fire is eliminated. I can state positively that the sanitary arrangements of the Inn are good and that the drinking water is above suspicion. The Hall of Congresses where we hold our sessions, is completed and its sanitary arrangements are also satisfactory. In fact, there is every reason to believe that the sanitation of the whole Exposition, which is under the supervision of a U. S. Government expert, is excellent.

I believe that the Institute has never before met under conditions more favorable for work and recreation. It goes without saying that there will be some annoyances and inconveniences—such things are inevitable—but I am convinced that those who go to the Inside Inn will have less annoyance and greater comfort than those who

may choose to patronize hotels at a distance from the Exposition grounds.

EDWARD BEECHER HOOKER, M. D.,
President.

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To the Homeopathic Profession of the State of New York.

You are reminded that the semi-annual meeting of the Homeopathic Society of the State of New York will be held in Brooklyn, N. Y., on September 24, 25, and 26, 1907.

You will note that the time of the meeting has been extended to three days. This was done for two reasons, first that we might arrange for a larger discussion of the papers than has been possible at some of our recent meetings, and, secondly, to permit the State Society to join with the Homeopathic Medical Society of the County of Kings in the celebration of its semi-centennial.

The first meeting for the formation of the Kings County Society was held in the last days of September, 1857, and its final organization completed early in October. It is, therefore very fitting that we should at this time take some account of the work done in Brooklyn in that period and to emphasize the status of Homeopathy in Brooklyn at the present time. To that end a public meeting will be held on Wednesday evening, September 25th, to which you and your wives are cordially invited. The meeting will be addressed by a Homeopathic physician of national reputation and by a layman. These speakers will be announced in the next issue of this journal as well as other details of the meeting.

On the last day of the meeting the Kings County Society will tender to the visiting physicians and their wives a banquet, as a fitting close to their celebration and of our semi-annual meeting.

The President trusts that not only every member of the State Society will make it a point to be present but will cheerfully consent to be drafted for work in making this meeting notable in its scientific work, but that all the members of the profession who are outside of the ranks will feel interested enough to attend its sessions and perhaps thereby enlist in our ranks, which need the enthusiastic support of every homeopath in this Empire State.

Remember that the most cordial greeting awaits

every physician to attend the meeting in Brooklyn, on September 24, 25, and 26, 1907.

HERBERT D. SCHENCK,
President.

♦ ♦

Some Despicable Knocking.

But is knocking ever anything but despicable? This species of knock comes from the Jamestown Exposition. The press, for a reason best known to itself, has been parading a lot of alleged facts concerning the unpreparedness of the Exposition, the further impossibility of ever being completed because of the lack of means; the deplorable condition of the sewage and the drinking water supply; the amount of "graft" to be satisfied before even the commonest necessities of a visitor to an Exposition can be gratified. That there may have been trouble upon the opening day is not at all unlikely. But was this not also true of Chicago and of St. Louis? Yet both these monster shows proved to be fine and instructive. It is not always possible to calculate the exact time necessary for doing certain things when we have to deal with so unknown a force as nature and its weathers. But a truce to all this; our local committee man at Norfolk has assured us of the absolute purity of the drinking water used at the Inside Inn and in the Exposition Grounds; the sewage is of the most modern; the buildings are rapidly being completed; and the Exposition is to be larger than originally designed. The Inside Inn is an immense institution covering a vast acreage, but two stories high, and on the very front of the waters where all the naval display will take place. Surely, if there will be a cool spot in Virginia in June it may most hopefully be looked for on the Hampton Roads frontage. The Hall of Congresses is completed and other buildings are rapidly nearing completion, and all of these will be finished before the Institute is ready to open its first session. The Inside Inn is built with the expectation of making a summer hotel of it after the Exposition ceases to be anything but an iridescent memory. And in summer hotels on the seashore, or in the mountains, or elsewhere, you do not expect to find mural paintings by prize artists, tiled or mosaic, inlaid floors, stained-glass windows, mahogany stairs, and marble washboards. But as to comfort, coolness from the heat of the day, for good meals, good beds, and ordinary courtesy, the Inside Inn will come up to every promise made. Gird up your loins and

strap up your trunk and come. Every facility will be tendered to make your stay pleasant and the memory of the visit an agreeable one. Brother Gregg Custis is arranging for a steamer trip from Washington to the Exposition front, taken either by day or by night. The official programme of the Institute describes that more fully. The railways have perfected facilities for handling the expected increase of travelers and baggage. The railway rate is not excessive. The entertainment feature has been looked after by the Exposition Management and will amply repay for a week's stay in the grounds.

As has been noted from the programme the Institute will have a symposium of fine papers by prominent men and women. So, pay no attention to the knockers, but come along.

♦ ♦

The Raising of the Apathy.

At the recently closed annual session of the Ohio State Homeopathic Society at Cincinnati, fifty-one new members were elected. Dr. Burton Hazeltine, the efficient Secretary of the Illinois Homopathic Medical Association, reports the accession of sixty-two neophytes. That's business with a large B! Instead of passing ornate and extremely letter-perfect resolutions deploring most eloquently the hell-ward trend of modern Homeopathy, then perfunctorily reducing these scholarly remarks to the form of Resolutions unanimously passed—and what is more easily passed than a series of resolutions?—instead of enclosing them with the Committee-Chairman's name and office hours conspicuously and ineradicably blown into the upper left-hand corner, and mailing them in an open-work green-stamped envelope and thereafter remaining silent until the next occasion for doing some more spread-eagle work—instead of engaging in this dead easy form of blue-ribbon, high-school essays these two societies—and may there be many more—"got busy" and you note the result.

In looking over the list of members of the state societies submitted to us as Secretary of the Institute, we found a most deplorable condition of indifference, or worse, in many of the states of the Union. In two, for instance, with nearly 200 members each in affiliation with the state society, in one case only twelve were members of the Institute, and in the other twenty-seven belonged to the Institute; and the chief officers of these bodies were not of the membership of the Insti-

tute. In another state less than one-third owed any allegiance to the Institute. New York, Pennsylvania, and Massachusetts are the grand exceptions to this measly spirit of don't-care-a-damn-ism.

The writer of circulars and pamphlets and tracts enclosed in an open envelope seems to have graduated when Jonah was doing his alleged stunt. Who to-day reads an open-enveloped circular or pamphlet even when that open envelope is marked "Personal"? It is a waste of time, money, and patience, and the business man has long since learned his lesson; he finds it to pay to seal his envelope, to two-cent stamp it, and remove from it every semblance of being an advertisement.

Dewey's idea of a paid promoter for the American Institute, spending much if not all his time in looking after the off-colored sheep in the far-away corners of the professional pasture, may have been a trifle premature, and may not have appealed because the Institute has not yet any fund from which to appropriate sufficient to pay a salary to a promoter; but, really, his suggestion was gilt-edged and in keeping with the business methods of to-day everywhere—even in Trust-y New Jersey. And we are willing to go on record as saying that the majority of the physicians of the Institute, if taken apart, and questioned concerning the same, would assent to the wisdom of the Dewey proposition. The time has long since slipped into unrecallable oblivion when the merchant in the country hied him to the nearest city and laid in his stock of winter and summer goods, and sometimes even hauled his barrel of molasses, his sack of coffee, and his caddy of tea, and his bolt of calico. Now the wholesale house employs the very best traveling talent in the land, sends it directly to the front door of the country merchant, and sells him a bill of goods containing everything of the latest and best; so that our country brother and his wife have the latest fashions in clothes, and as many kinds of breakfast foods as there are days in the month.

The day will come, if it is not already breaking, when the Institute will have to consider the employment of active men in various parts of our land to solicit membership. Many of the universities of the East, and several of the homeopathic colleges on the Atlantic seaboard, are watching grammar and high schools with an eye single to the possibilities of picking up desirable timber for the higher universities and medical schools.

There seems to be no wrong in this. Even the church advertises its best bib and tucker in the Saturday morning papers, and takes pains to have either a luminous transparency across the chief door of entrance, or several sandwich-boards at the several corners of the sacred edifice announcing the service, the text, and the preacher. If the Institute wants to get the 13,000 homeopathic physicians said to be au large then it must engage in business methods and expect to pay for their collecting. To this complexion it must come at last.

Former President Siemon of the Eastern Ohio Homeopathic Society, himself a young man active and aggressive, in his recent retiring remarks animadverted upon the contemptible indifference with which so many of the present-day profession of Homeopathy treated the subject of Homeopathy. They had profited, he said bitterly but justly, by the labors and brow-sweatings of the early pioneers and sappers like Biggar and Beckwith and Baxter and Sanders and Boynton in Cleveland, and others elsewhere; they were living on Easy Street because of the trials and tribulations of these of the Old Guard, but they would not now contribute one hour of time nor one dollar of revenue to perfecting and strengthening the Cause.

It is now too late for the present Institute Committee on New Members to do aught than it has done; the present Chairman had no chance; he was appointed late in the year, and was otherwise handicapped; so there was really nothing left for him to do but that which he has done. But, really and truly, the work of this most important Committee must ultimately be cast along lines of greater usefulness than the mailing of circulars. We all remember the report made by former Chairman Spalding of this Committee, and how he pointed out the difficulties which beset him at every point; and he had much more time in which to prepare his campaign than his successor. He indicated very clearly that some other power than circulars must be invoked if success shall perch upon the banners of this Committee.

To us it is evident that to bring in the homeopathic profession,—say of Cleveland with its several hundred accredited homeopaths—the proper way is *not* by bombarding them at long range with green-stamped letters of advertising, but by going after them! Turn ONE live man—not three or a half-dozen—loose into every homeopathic stronghold the country over, in every

county—as the American Medical Association is reputed to be doing—and let him get after the recalcitrants personally, “set” up with ‘em, hound them into submission, shame them as Siemon has done, until like the sheep of little Bo-Peep they come ambling in with their wagging little tails behind them. That is the only way. And we hazard the belief that a heart-to-heart, hand-over-back warfare projected along these practical lines and relentlessly pursued, will cost no more, nay, not so much, as have the postage and sundries bills of some of the Committees in the not very remote past. Suppose the first cost of the member is pretty nearly his initiation fee? Isn’t this expected in all insurance and other organizations? The following years of his usefulness, his contributions not alone of finance but of clear brain and skillful hand, will amply compensate the Institute for its original outlay. It is wise to adventure a dollar in the expectation of reasonably doubling it. It is personal service that does the work. It was Tom Stewart and his idea that “busted” the apathy down around Cincinnati and in those benighted diggings. It may be Tom Brown in Indianapolis, or Tom Jones in St. Louis, or Tom Smith in Chicago.

Let us have less yea and Amen, a great deal less, of perfervid oratorical sprinting on the floor of the Institute and the state societies; less circularizing and pamphletizing of the indifferent profession not yet in bonds to the Institute; and lots more of rich, red-blood methods! It is pleasant, indeed, to be able to chronicle the fracture of the apathy in Stewart’s and Hazeltine’s bailiwicks. Where do we hear of the next solution-of-continuity of apathy?

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Call Child's Fate X-Science Crime.

Christian Scientists’ neglect to provide medical attendance for children suffering from possibly fatal illness should be classified by the State as homicide, is the opinion of a Coroner’s jury which passed on the death of Violet Byrne, a six-year-old child. On testimony by Coroner’s Physician Albert I. Weston, who performed the autopsy, that the little girl would have had a good chance of recovery if treated by a medical man, the jury, with one exception, censured the father of the child for “criminal negligence” in failing to get a doctor for the wee sufferer.

“We find,” ran the verdict, “that Violet Byrne came to her death from acute bronchial pneu-

monia, from which, in our opinion, she might have recovered if proper medical attendance had been summoned, and for failing to act we censure Clarence Byrne, father of the deceased, for criminal negligence. We recommend legislative enactment in this State taking such cases out of the category of misdemeanors and making them subject to prosecution for homicide."

Byrne, who is employed as a dry goods clerk, is a Christian Scientist. He admitted he had lost his wife and ten of his children. Nevertheless his surviving daughter, now eighteen years old, showed confidence in the cult which the jurors regarded as responsible for her little sister's death. Byrne, although four of the children he lost died under X-Science treatment, bore out the often-made assertion by medical men that followers of Mrs. Eddy called in physicians only when convinced nothing could be done to save a patient. The strangely disposed parent testified that under no circumstances would he send for a doctor for one of his children unless sure the child would die in a short time, and even then he would do so only to comply with the law.

Asked why he let Violet suffer without medical treatment, Byrne replied, without appearing in the least remorseful: "Because she had superior treatment. She had the best treatment there is in all the world. I ministered to her myself and later called in John L. Roberts, second reader of the Christian Science Church." He said the treatment the child received consisted of "the Lord's Prayer and intonations of the Christian Science Church."

"After Mr. Roberts got through," Byrne testified, "the condition of the patient remained about the same. He didn't make any report to me. It wasn't necessary." The marvelously complacent bereaved father admitted he was not even present when Roberts was "treating" the child with prayer.

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New York Medical Unification Law.

GOVERNOR SIGNS BILL FOR ONE BOARD GOVERNING ALL DOCTORS.

ALBANY, May 13.—Governor Hughes to-night signed the bill of the Assembly Committee on Public Health, revolutionizing the system of State control of the practice of medicine, known as the "Medical Unification Bill." It creates a new defi-

nition of the practice of medicine, more sweeping than the old, and substitutes one board of medical examiners under the Board of Regents in place of the three boards now having jurisdiction and representing the allopathic, homeopathic, and eclectic State medical societies. The new law recognizes osteopathy as a system of treatment, and provides for examination and licensing of its practitioners.

The practice of medicine is defined as follows: "A person practices medicine within the meaning of this act, except as hereinafter stated, who holds himself out as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake, by any means or method, to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity or physical condition."

Among the exemptions from the application of the law is "the practice of the religious tenets of any church," which will apparently exempt practitioners of X-Science.

Under the provisions of the new law "there is to be a State board of medical examiners of nine members, appointed by the regents, to hold office for three years. The first board is to consist of three members to serve one year, three for two years, and three for three years from August 1." Thereafter three members are to be appointed annually for three years each.

Of osteopaths the law says: "Where the application be for a license to practice osteopathy the applicant shall produce evidence that he has studied osteopathy not less than three years, including three satisfactory courses of not less than nine months each in three different calendar years, in a college of osteopathy maintaining at the time a standard satisfactory to the Regents. After 1910 the applicant for a license to practice under this act shall produce evidence that he has similarly studied not less than four years for seven months each."

♦ ♦

Byways of Medical Charity.

Every physician to out-patients at a hospital, and every practitioner whose sphere of work is largely among the poor, must often feel bitterly the irony of the situation when he has to tell a man to whom the struggle for existence means a

constant scramble for the daily crust that what he needs is rest, and a half-starved woman that she must take a liberal supply of nourishing food. He has daily occasion to realize the truth of the following words of Dr. Richard C. Cabot which we take from the *Boston Medical and Surgical Journal*: "In the out-patient department of the Massachusetts General Hospital (and I suppose in most other hospitals) there occurs many times each year a scene not unlike that described in "Alice in Wonderland": "Have some wine," said the Hatter. "I don't see any wine," said Alice. "There isn't any," said the Hatter." Without any sense of the humor and pathos of the situation, we say (in substance) to many patients: 'Take a vacation,' or 'Get a job,' 'Get a set of teeth,' or 'Get a truss.' There is none in sight and no means of getting any. What do we do then? We pass cheerfully to the next patient." What else can be done? It is well known that the doctor often provides what is urgently needed out of his own pocket, but this is a tax on his generosity that he who gives so much in other ways is surely, of all men, the least called upon to pay.

"There are, of course, homes of rest, Samaritan funds, and charitable organizations of one kind or another that to some extent meet this crying want, but their benefactions are but a drop in the vast ocean of human need.

An attempt to supplement the purely medical treatment of the very poor has been made at Boston by Dr. Cabot, who has lately given an account of work in this direction done at the Massachusetts General Hospital for more than a year past. The work includes in addition to ordinary medical treatment a study of the patient from every point of view, social and mental as well as physical. It has gradually developed to such an extent that more than a dozen workers are needed to carry it on.

Beginning in the simplest way, the work is now divided into the following special branches: Tuberculosis, with particular attention to the proper disposition of cases; hygienic teaching; infant feeding and the care of delicate children, with demonstrations and directions to mothers; vacations and country outings; the care of unmarried girls, pregnant, morally exposed, or feeble-minded; help for patients needing work or a change of work; provision for patients sent to the hospital, and assistance to patients needing treatment after discharge from the hospital wards. In each of these branches of the work patients

have been carefully followed, their real needs ascertained, and the best means of supplying those needs determined. The number of cases thus dealt with up to October 1, 1906, was 684. Besides the relief given to individual cases, the work has the advantage that it indirectly brings the hospital into closer relationship with other charitable institutions having as a common aim the relief of suffering and the alleviation of the conditions of life.

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The Hearing of Telephone Clerks.

Nearly everyone who uses the telephone much has at one time or another felt tempted to express himself strongly with regard to the tutelary goddesses who preside over the co-ordination of messages. The ordinary man attributes their inattention, and what often seems to be deliberate disregard of his requirements, to the natural depravity of the jack-in-office; while the more charitable may attempt to account for their backslidings by the strain on their power of hearing caused by their occupation. Unfortunately the ground of this explanation has lately been cut away by a Norwegian physician, Dr. Blegvad. He examined the ears of 371 girls employed in a telephone service and found that in a little over 26 per cent. of the whole number there was retraction of the tympanic membrane in the ear used for listening at the telephone. He satisfied himself, however, that continual listening at the telephone does not lessen the power of hearing. On the other hand, he was unable to convince himself that the statement often made by the girls that it actually made the hearing more keen was founded on fact. This result, he thinks, is only apparent; what happens is that the ear adapts itself better to the particular function by acquiring the power of disregarding interfering sounds. In some 19 per cent. the ear used at the telephone perceives deep notes less clearly. Dr. Blegvad thinks the ear acquires a habit of receiving particularly well sounds corresponding to rapid acoustic vibration. Listening at the telephone has no influence on the extreme limit of sound perception. Dr. Blegvad therefore concludes that the occupation of the telephone clerk cannot by itself do harm in a healthy person to a hearing apparatus originally sound. But accidents such as electrical discharges due to short-circuiting,

and shocks which are fairly frequent, may bring into operation latent conditions that may impair the hearing or even create such a defect. This makes it essential that candidates should have their ears examined before they are accepted for employment on the telephone. Dr. Blegvad adds that in rare cases perhaps only in neuropathic or hysterical subjects, the occupation may produce headache, buzzing in the ear, earache, or acoustic hyperesthesia. Hence girls who show any signs of anemia, neurasthenia, or hysteria should not be accepted.

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Eastern Ohio Meeting.

The 34th Annual Session of the Eastern Ohio Homeopathic Medical Society was held in Cleveland, Wednesday, April 24, 1907. The meeting was a joint one with the Cleveland Hom. Med. Society and was held in Cleveland in anticipation of being addressed by President Hooker of the American Institute, who expected to be in Cleveland on that date to attend the session of the Executive Committee of the Institute. Unfortunately, a week or two prior to the date of the meeting Dr. Hooker was taken seriously ill, and although the session was postponed one week he was still unable to be present.

Dr. Dale King, of Detroit, was present and addressed the society on "Medical Legislation in Michigan." The doctor is leading the opposition to the request for extension of authority demanded by the Michigan State Board and Medical Council.

Dr. John Deetrick of Youngstown, O., as ex-president of the Eastern Ohio Society, reported two interesting cases: first, removal of a large tumor of the kidney; second, operation for strangulated congenital hernia with extensive adhesion in a child one month old. Discussed by Drs. Wood and Biggar.

Dr. C. M. Thurston presented his "Suture Splint" for suturing abdominal wounds where there is a large amount of adipose tissue. The suture is introduced through the upper portion of the wound some little distance from the margin, passed through the opposite side, emerging an equal distance from the margin. It is now pushed through a glass tube which lies parallel with the wound, enters the tissue again near

the lower angle, emerging on the same side in which it was originally entered, is passed through another glass tube on this side of the wound and tied at the point of original entrance. The skin is then united by a running suture.

Dr. H. F. Staples read a letter from Dr. Hooker deploring his inability to be present and urging every member to join his State and national society and lend his aid to the upbuilding of the Homeopathic school. The secretary was instructed to acknowledge the receipt of Dr. Hooker's letter and express our sincere wish for his early recovery.

Dr. J. C. Wood gave a résumé of the diagnosis and treatment of "Ectopic Gestation," which was discussed by Drs. Haggart, Nobles, and Biggar.

Dr. J. B. Wilkinson of Sebring, Ohio, gave an interesting report of three cases of Cerebro-spinal Meningitis, which was discussed by Dr. A. B. Schneider.

Dr. Lester E. Siemon, retiring president, in his address spoke on "Homeopathic Legislation in Ohio." He strongly urged the organization of the Homeopathic profession, both for protection and aggression, and called attention to the fact that there are many men in our school to-day, who are enjoying lucrative practices and the respect of the public, because of the labors of such men as Drs. Baxter, Beckwith, Biggar, Deetrick, Jones, the late Dr. Sanders, and other pioneers of Homeopathy, who fought unceasingly for the recognition of the school and gave it such a standing that these men have been able to profit by it. And yet these same men, wrapped up in their own selfish interests, are unwilling to do anything, give an hour of their time or a dollar of their money to strengthen Homeopathy. At the business session the following officers were elected: President, C. H. Whipple, of Barberton, O.; Vice-President, J. B. Wilkinson, of Sebring, O.; Secretary, Pauline H. Barton, Cleveland, O.; Treasurer, F. D. Smith, Cuyahoga Falls, O.

The Board of Censors reported the following names for membership: A. N. Seidel, Mary Brightman, M. H. Horton, Cleveland; J. L. Dodlow, R. B. Chamberlin, Twinsburg; H. D. Baldwin, Elyria; W. C. Crouch, Cleveland; J. B. Wilkinson, Sebring; H. Primm, Media Bunker, Cleveland.

The next meeting will be held at Barberton, Wednesday, October 16, 1907.

Obituary.

C. B. Currier, M. D.

Dr. Geo. H. Martin notifies us of the death of his uncle, Dr. Christopher B. Currier, who passed away at San Francisco, April 11, 1907. He was a senior member of the American Institute of Homeopathy, and while he had not attended its meetings for many years owing to infirmities, he was always interested in its proceedings and only ill health prevented him from being present. Although not well for some years past yet he continued in practice up to the day of his death; this was due to a serious surgical operation which he survived only a few hours. Dr. Dewey, of the *Medical Century*, who was one of Dr. Currier's students 'way back in Vermont, tells of the excellent homeopathy which Dr. Currier not only taught and inculcated but practised, and of his amazing success with the little pills. He was one of that old, old-fashioned class of homeopaths who were not ashamed of the little pills, or the drops of water, or the innocuous powder; he made no pretense of practising both ways; he was a homeopath and so he practised. Ah, but that class of practitioners is becoming painfully scarce! How many of our present-day graduates would risk giving the little pills, or the few drops of colorless liquid in a half glass of clear water? And where he would not openly or slyly slip in something to give a bowel action or to produce painlessness. If Dr. Currier gave himself any time for retrospection it must have been pleasant to him to recall that he had fought the good fight and had never deserted his colors. The conscientiousness of his practice reminds one very much of Hahnemann's own way of practice. He was truly a Doctor of the old school like Dr. MacLure of the "Bonnie Brier Bush." It was glorious to be able to continue at work until the "whistle blew." Then he laid aside his tools, doffed apron and cap, "washed up" and was ready—for Eternity! They were grand men,—those old-style homeopaths. May the new and second growth develop the same number of giants.

Globules.

—Dr. Louis J. Laronge of Cleveland, departed this life February 25, after a short illness. Dr.

Laronge was a finely educated gentleman; and it is believed that his true name was never known in America, some political crime abroad having made it necessary for him to lose his former identity. He was very popular with his clientèle and is sincerely mourned.

—We had the pleasure of a visit from Dr. Dale M. King, Detroit, Editor of the *Medical Counsellor*, during the past month, and were much pleased to find him as energetic in speech and action, as he has been editorially. He came to our city in attendance upon the meeting of the East Ohio Homeopathic Society, in expectation of hearing our honored President, Dr. E. B. Hooker, address that society. Owing, however, to the tardy convalescence of Dr. Hooker he was unable to be with us. Dr. King is a graduate of Cleveland and is well acquainted with our leading men. We prophesy a radiant future for his talented pen.

—Dr. D. H. Beckwith and his estimable wife have returned to Cleveland from the South where they spent some seven weeks forgetting our bleak and dreary Northern weather. Dr. Beckwith still insists that he can out-horseback ride any man younger than himself even by twenty or thirty years.

—Dr. T. Franklin Smith, the American Institute Treasurer, was in Cleveland, in attendance upon the Executive Committee recently. He continues to hold his own much better than his picture in the Transactions shows him as doing. He is no whiter of hair and beard than he has been in all the many years we have known him, his printed picture to the contrary notwithstanding.

—"He is dying very calmly," observed the physician, as he felt the pulse of the sufferer.

"So like John," softly spoke the prospective widow. "He always was an easy-going man."

—Doctor—You need more exercise.

Indisposed—Why, I'm steadily engaged in painting houses, now.

Doctor—Working by the day, I expect?

Indisposed—Yes.

Doctor—Well, you'd better work by the piece for a while.

—A certain young man of great gumption

'Mongst cannibals had the presumption

To go—but alack,

He never came back;

They say 'twas a case of consumption.

The American Physician.

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The American Physician

JULY, 1907

FRANK KRAFT, M. D., EDITOR. CLEVELAND, OHIO.

A. I. H.

Oklahoma next year, D. V.

About 250 physicians registered at Jamestown Exposition meeting.

And not quite the same number of visitors and ladies.

Inside Inn eventually became our meeting-place.

Weather ideal. Hot in sun. Cool and breezy in the Inn and on the verandah.

Some disappointments awaited the Faithful. But, as hereinafter more fully described and set at large, matters adjusted themselves very nicely.

Not quite so many "beatific platitudes"—Resolutions at this session as formerly from the Interstate and Inter-collegiate Committees.

Royal S. Copeland of Ann Arbor elected President. W. E. Reily of Fulton, Mo., First Vice-President. J. Richey Horner of Cleveland, Second Vice-President. Frank Kraft of Cleveland, Secretary. T. Franklin Smith of New York, Treasurer. Millie J. Chapman of Pittsburg, Censor. Geo. T. Shower of Baltimore, Necrologist. J. H. Ball of Bay City, Mich., Registrar.

The four principal Bureaus of the American Institute of Homeopathy for the 64th Session at Oklahoma were filled by the honored retiring President, Dr. Edward Beecher Hooker, as follows: R. F. Rabe of New York, for Homeopathy; James Tyler Kent, Chicago, for Materia Medica; W. B. Hinsdale of Ann Arbor, for Pedology; A. M. Duffield of Citronelle, Ala., for Clinical Medicine.

Sanitary Science went to Dr. A. K. Crawford, the silver-tongued and silver-haired, of Oakland, California.

The Hall of Congresses, which had been designed and assigned for the Institute meetings, was found to be "impossible" by reason of incompleteness.

Hence, all the meetings, barring a few in the Daniel-Boone-house near by, were held in the halls, and rooms, and fire-places of the Inside Inn.

The invitation to hold some of our meetings in the Daniel-Boone-house was characteristically Kentuckian, large in hospitality and overbrimming with love and courtesy.

Considering the terrible "frost" which the metropolitan newspapers had dealt their readers concerning the Exposition, the attendance was very good, and what was lacking in numbers was amply made up in interest and enthusiasm.

If a Complaint Box, such as has latterly been introduced on some of our railroads, had been in place in the Inside Inn the first two days it would have needed to be of enormous size; later the complaints adjusted themselves and matters ambled along more smoothly and happily.

The "perennial and evergreen" report of the Standing Committee on the Hahnemann Monument, as President Hooker so felicitously introduced it, was made by that "perennial and evergreen" young man, Dr. J. H. McClelland.

A few hours before leaving Washington, while dickering with a colored coachman as to the places we wished to visit, we mentioned the monuments in Scott Circle: "Ah reckon you want to see the monument of Dr. Hahnemann." Now, wasn't that clever?

Where, oh where was Benj. F. Bailey? And E. H. Pratt? And James C. Wood? And John M. Lee? And S. H. Aurand?

The Committee on Conference with the American Medical Association succeeded in crystallizing its work into a Council on Medical Education, consisting of George Royal, W. A. Dewey, John B. Garrison, John P. Sutherland, and Thos. G. McConkey. This to take the place, for the homeopaths, of the "snooping" Committee of the A. M. A. which has been so liberal in its defamation of some of our colleges.

Did you cure all your cases of erysipelas with belladonna originally in a high potency but the bottle whereof filled with alcohol when the "belladonna" got low?

Royal, in speaking to a motion on Homeopathy in the general session, referred to the Bureau of Osteopathy. Explained that he had had so much to do with the bone-men that it was hard to quite forget them at times.

Those clever Englishmen and homeopathic Heavenly Twins, Drs. John H. Clarke and Geo. H. Burford of London, cabled their compliments and well-wishes to the Institute while in session. The Institute still remembers these noble brothers.

Horner says, and it is true, too, that he sent copies of their discussions to each of the Englishers for the Atlantic City meeting, but no one of them was returned to him.

Drs. James W. Ward and William Boericke of San Francisco sent a telegram of greeting which was duly appreciated.

"Dr. "Florence" came all the way from San Francisco to chairmanship the Obstetric Bureau.

Only seven or eight resignations received. Per contra there were over sixty new members elected. So the balance still continues on the right side.

The Surgical and Gynecological Section elected the G. O. M. of Homeopathy, Dr. H. F. Biggar of Cleveland, its next President.

The P. O. at the Inside Inn was a disgrace and a shame and Uncle Sam might well look into it. Letters mailed there daily during Institute had not reached destination a week after Institute adjourned.

Dr. H. C. Aldrich of Minneapolis, Minn., en face de St. Paul, was elected President of the Bureau of Obstetrics for the ensuing year; and the only Fitz-Patrick Secretary.

Dr. Frank "Clancy" Richardson of Boston, Chairman of the Society of Neurology and Psychiatry, had a program with a tone all its own which gave not only the title of the paper and its author, but as well a synopsis of the contents of the paper.

The Meissen Ladies had their "doings" in the Daniel Boone village. Mrs. Chamberlain and daughter, who were on duty for Kentucky during Institute week, made royal hostesses.

The Institute Journal Committee reported progress and was continued; their principal endeavor is based upon the early possibility of incorporating the Institute.

Can you reconsider a motion that has been Laid on the Table?

Dr. Hiram L. Chase, Cambridge, Mass., was elected the first Honorary President of the Institute, to represent the Senate of Seniors. It was a fine tribute to a fine homeopath and lover of the Institute, of which he has been a member for sixty years. All hail to the Chief!

Another well-deserved tribute to merit and skillfulness, was the motion of thanks and appreciation of Dr. McClelland to Dr. J. Richey Horner, for his services as Secretary p. t., and his publication of the two volumes of the Transactions for the 1906 session of the Institute and Congress.

The I. H. A. people were at the Institute in fair numbers and took considerable part in the proceedings. They held over for their own meeting which was to take place the first three days of the week following the closing of the Institute session.

Notwithstanding the absence of attractions furnished by the Local Committee, and the paucity of numbers, no one of the regular Bureaus of the Institute was able to fill out the hours assigned them by the Secretary upon their earlier request. Most of them "broke" in the second assignment. And the President's fear to have evening sessions, because the many attractions of the Exposition would take our membership away, also for sundry and divers reasons failed to materialize. So that under a suspension of the rule which had adopted the Official Announcement as the Working Order of Business, the Saturday meeting was advanced to Friday, and the Institute, practically closed at the close of the Friday morning session, was held open until the conclusion of the Pedology Bureau, Friday, when the Institute adjourned *sine die*.

But be it remembered, however, by and between all parties to this contract that, in order to avoid falling into another pit with the Oklahoma proposition, the Institute Executive Committee was empowered, upon visiting and examining the Oklahoma invitation, and finding it "impossible" to change the place of meeting absolutely. The interests of the Institute are paramount and imperative. Dr. Copeland and several other members

of the new Executive Committee purpose visiting Oklahoma City in December, and assuring themselves of its fitness for our meetings. And every other possible precaution will be appealed to and safeguards thrown about the 1908 meeting, so that there can be no "fasco" in store for the membership.

Dr. Dewey, who has recently visited Oklahoma, declares it to be as represented, and that the buildings in which we will be expected to meet have no leak-holes in the roof, and the dividing walls of the rooms are not so tenuous that you can, without hurting yourself, push your finger through them. If undoctored photographs are of any evidential value then those we have seen shadow forth an enterprising city with "kivered" cars, electric lights, several capacious hotels, a church for a meeting-place, and a few places where witch-hazel or hoarhound candy or spiritus frumentibus or liqueur Gambrinus or writing tablets or an invalid chair could be had—the latter without paying a king's ransom therefor.

The Press Committee under the able generalship of W. Rufus King of Washington, as we happen to know personally as well as officially, "seen its duty and done it." But what then? The Norfolk papers did some pleasant stunts. It got J. Rickets Horner for Second Vice-President, and Frank Knox as Secretary. On the last day it credited to the "O. O. & O." Society the fatherment and passing of that peculiar internal vaccination resolution, which was presented by one of the Institute Bureaus and, on the condemnation of the Resolution Committee, voted DOWN! We would be willing to wager that THAT bit of news will be found in most of the Associated Press reports because of its bizarreness of composition, and because it will be likely enough accepted as typical of that hare-brained association which calls itself the American Institute of Homeopathy! Sure they will get that. If the labors of the Press Committee succeeded in getting anything beyond the charmed circle of the Inside Inn and about five miles further, through the sand and mud, we have not yet discovered it. As we have said later on, this Committee, always "infateegable," is never able to do what the Institute expects of it, and it might well be crossed off the list of Institute activities along with the Committee on Medical Registration and Examination Boards.

Dr. H. E. Beebe's son made application for Institute membership, and was elected on the same day that he received his doctor's diploma from the Ann Arbor Homeopathic Department. That is expedition to get into good company truly. Dr. J. B. Gregg Custis' son also applied for membership. Both of these applications were received with cheers and applause. The second generation is still true to the old fire-tested Homeopathy.

Probably the maddest man, not only metaphorically but literally, who came to the Institute at Jamestown Exposition was Dr. James A. Campbell of St. Louis, our beloved friend and Professor of double O. and L. in our St. Louis alma mater. He lighted from the Richmond steamboat at the Pine Beach pier, or deep-water pier, as the Exposition pier is called, about noon of Tuesday, and could find nor hide nor hair of anybody who would tote him and his things, or at least his things—two heavily loaded suit-cases—from that pier to the Inside Inn. When he eventually appeared above the distant sky-line shoes, eyes, dundrearys, and upper and lower set filled with sand, staggering under his load like Atlas with the globe, he was sweating and swearing visibly, artistically, and with much variety and abandon. As he climbed the chaste structure, named the Verandah, of the Inside Inn—namely the porch—he nearly ran over us, and, like Samuel of old, had to be called a second time before he would look up and recognize us in our chariot of state. He admitted that he was darned mad, and then told his tale of woe. Whereat we laughed, and comforted him by saying that the worst was yet to come. He said he wasn't used to carrying his trunks himself and he felt like swearing. We assured him that on yesterday, the first day of the session, we had hired a professional Bombastes Furioso to swear for us by the hour—as they hire the prayer wheels in Bohea—and he had done the subject such exact justice that we felt no further anxiety on that score.

This was, indeed, one of the prime nuisances of the session, this inability to find any one at dock or station to give information, to help one over the hot sands, or the muddy places in the road, when not even a smidgen of rope could be had for love or money to help one by holding on. We, ourselves, and our household arrived on Sunday evening after dark after they had alumez-ed the electric light. We were dumped out on a roofless dock, the cold sea-breezes playing unkindly about

our summer apparel—with never a sign of wagon or chair or any other form of vehicle in sight. Not a messenger or bellboy or runner or porter was to be seen. It was deader than a dry town in Ohio on Sunday. There was simply nothing doing. Like the mysterious stranger in "Cricket on the Hearth," who made so much trouble for John Peerybingle, we were left seated on an up-turned trunk of our party "to be called for" while Dr. Horner started off in the guessed-at direction of the Inside Inn. At last he found an Inn baggage wagon, and after the other impedimenta were safely stowed in its body we were loaded up on the seat between two drivers, and so bowled over the corduroy road, and through sand and gravel and mud, the terrible jolting and jarring nearly disintegrating our cauda equinus, until we reached the back door of the Inn and were unloaded.

Here we were met by the Superintendent of the Inn, Mr. St. Clair, apparently a Frenchman, and certainly one of the jolliest of bonifaces, who interested himself in our comfort and welfare and arranged with the hotel personnel by especial orders for our use of the elevator, which no one else was permitted to use. It was the freight elevator, to be sure, but in our then physical condition it beat walking a good deal. Rooms which had been reserved for us were ready and near the elevator, comfortable, roomy, clean, smelling of the sweet pine, with glow lamp, straw matting on a clean floor, white-painted iron bedsteads, and graniteware toilet articles. Everything was scrupulously neat. The electric bell service was primitive in the extreme. It was called the paddle service. It consisted of a stained dark pine board thrust through the wall to appear in the hall at right angles to the wall. On the room side it was secured by a cord fastened by a ring to a hook. If the patron wanted a bellboy all he had to do was to release the cord from the hook, the paddle, sinking downward, would be seen by one of the boys seated at each end of each hall, and without noise, within five minutes, he would be tapping on the door. Primitive as it may seem, it was a good service. Besides all danger from robbery and fire was eliminated by this constant watchfulness. There was no touching an electric bell once for a bellboy, twice for a chambermaid, three thrice for a high-ball, etc., etc., and then you waited and waited and waited some more, until you heard the clinkety clink of the ice in the pitcher long before you heard the soft footfalls

of the aftercoming boy. This was silent, prompt, and effective. The bellboy service was unusually good; and, indeed, barring some incivility and know-nothingism on the office floor, the service generally was good.

This was true of the dining-room. The girls there put themselves out to give good meals, and if they did not always succeed they told you why. There was an incipient strike in that dining-room on the second day because of the strictness of the several stewards and headwaiters to have the guests more promptly served, and we awoke one morning to find a new girl at our table and at others also. No discourtesy or slovenliness was brooked by Mr. St. Clair. He approved himself a model host, considering his circumscribed surroundings, and the red tape which bound his hands, for after all he was but the servant of a very large and invisible corporation. He was ubiquitous, helpful, and radiant. There were complaints and many of them just, severely just, of the multifarious shortcomings of the Exposition as an incomplete Exposition, which, like Walton's definition of Medicine, was not exact because it was not complete. But we did not hear of any violation of courtesy or confidence or contract on the part of Mr. St. Clair or on the part of the Inside Inn. There was not to our knowledge any overcharge. The membership knew before it went there what it would have to pay. The rates were not raised on them. We shall speak of this again at a later page, but meantime we want to give the superintendent credit for his good work under very manifest difficulties. The water served at the table and in the ice-cooler was the Mecklenburg, a clear, bright, delicious, sparkling beverage. There was some intestinal trouble but it was not attributed to the water. The ventilation of this vast caravansary was excellent even in the hottest of hours, the napery of the whitest and daintiest—the food was that which might be expected when the source of supply is ten or more miles away and transportation facilities almost nil. The coffee was genuine coffee, no "slumgullion"; there wasn't a headache or a heartache in any of half a dozen cupfuls. If the St. Clair coffee were as prominently advertised and as persistently as the postal cerate compounds, there soon wouldn't be so much demand for the smudgy, scorched wheat and molasses and sawdust article so many people affect to like as a substitute, and then the *Medical Advance* would lose its one sole advertiser. What so good as a cup of real coffee?

An unhappy and very disastrous feature of the Exposition is the absolute unpreparedness of everything in connection therewith, and the very evident indifference as to whether it shall ever be completed. It will take months before the plan, beautiful as it is on the blue print, and as it is staked off on the grounds, will be what it was promised to be at or near the opening day of the Exposition. There is no question that when once finished it will be by all odds the most artistic of any Exposition thus far held in the United States, and, being so, let us all hope and pray that the Exposition habit may terminate with the Jamestown effort, and thereafter fall into deserved and innocuous desuetude. To refer to one instance in point, and which touched us most nearly, was the inexcusable unreadiness of the Hall of Congresses, to which the Institute had been assigned both for its scientific and business sessions. Upon examination this Hall was found to be wholly "impossible." The rooms designed for the sectional and bureau meetings were not much larger than the ordinary Inn bedroom, the dividing walls barely lathed, no plaster, no wall paper; the door jambs not in place, the window casements not in, and poorly lighted. The main hall was no nearer completion. There was a hole in the roof that let in both sun and rain. The floor was littered with building material and more than one-half of it had been let to the Exhibitors, who were noisily at work getting their wares in shipshape. The building in its less than half-completed condition was not fit to receive even a visiting body to stay half an hour, to say nothing of sitting there all day of five whole days.

Many charges of malfeasance and deliberate misrepresentations were bandied about and some threats. It was discovered too late for rectification that the Auditorium which was the building contracted for as our meeting-place had been side-wiped, switched aside, and this Hall of Congresses substituted without our consent. The former would have been about five minutes' walk from the Inside Inn. The latter was more than a mile and a half away, totally inaccessible from the Inn, because of thirteen or fourteen railroad tracks that had to be crossed, unready roads, no pathway, holes in such places as had been planned for roads filled with water or mud, building material littering everywhere and, in short, practically impossible to be reached. How the Exhibitors got their goods there may be another

story. And if by any chance there should happen to be a severe rain—as was the case on Tuesday night—the Hall of Congresses could not be reached from the Inn. Why was this unpreparedness not known to the Executive Committee and guarded against? Because the President and Secretary had received signed letters from those in charge giving positive assurance that everything was finished and ready for occupancy.

As Dr. Verdier, the one lonely visible Local Committeeman admitted at the evening meeting of the first day, he was undoubtedly deceived by those whose word everybody had always accepted as equal to their bond; and so he had not required them to place it in black upon white; and, perhaps, he added, in view of the condition of affairs, even that wouldn't have helped much. Dr. Verdier showed in his manner rather than his speech of welcome, that he was himself most bitterly disappointed; he was manly enough to make this statement plainly and without garnishment. He stated his case on his day in court and let its sentence be what it might. He had meant well, had done what he could, neglected his business and home, given himself heart and soul to this work; that it had failed to reach the expectations of the Institute was to be deplored. He had been in a most difficult place to fill. Personally our relationship with him had been of the most intimate and cordial and he was always most prompt and thorough. No request made by ourself, officially or personally, failed of a prompt and straightforward response. We are writing these initial pages on the verandah of the Inside Inn and in the early days of the session, and we may add to them as the occasion arises or the interest seems to demand more talk and writing.

For the space of a half dozen hours on the opening day, there were all kinds of blood on the moon. A Committee had visited the Hall of Congresses, and returned with the fiat "impossible!" The building was absolutely unfit for habitation. The Exhibitors had been dumped on the main floor of the building, amid the débris of a building that was still building, the distal end of the same floor to be used as the Main Hall for the Institute's business sessions. The heat in these little cubby-hole sectional rooms would be unbearable. It will require no blue-print to show that what the wild waves were saying under the pier at Atlantic City would be sweet and tranquil and sleep-compelling, compared with the babel and

confusion of unpacking and talking and moving and the racket of the electrical displays and other necessary noises of the Exhibitors. There was indignation on every hand, and some ill-advised, high-handed measures were talked of. Naught but the equable temperament, and rare diplomacy of President Hooker and his advisers, prevented a serious flare-up that might have wrecked the Institute session. Talk was heard of calling each section by name, reading the papers by title, and so close the session in twenty-four hours. It was, however, arranged after some consultation with the powers that be, in the hotel company and elsewhere, so that the business meetings were held on the office floor of the Inn. Then the Exhibitors began to be heard from; they had paid good money for the privilege of exhibiting their wares before the Institute, and if the Institute failed to meet as agreed in the Hall of Congresses they, too, would refuse to stay or play. Again the hotel superintendent, Mr. St. Clair, came to the rescue, and after some little parley and some threats on the part of the Exhibitors, they, too, were allowed the privileges of the office floor for their wares and machines. Then the bureaus and sections were assigned to convenient corners of the lower floor, the fire-places being frequently mentioned, and also on the next floor above. So that finally everybody and every section met under the one roof, barring two or three sessions of sectional work in the Daniel Boone building nearby.

After Tuesday the meetings become more enthusiastic, the comforts of the verandah having become known and more appreciated. The S. and G. Society held one of its meetings on this verandah. Had the Institute been cast directly for this Inside Inn much of the dissatisfaction of the Exposition incompleteness would have been forgiven. The strain of these discomforts and disappointments was too much for our President, who, after a brave struggle to keep up, succumbed Wednesday and did not appear again until Friday afternoon. The experience of the Institute at the Jimson Expose has been such, we believe, as will forever bar out all other Expositions as places of meeting for the Institute.

There had been much work and more talk done by the two advocates for the 1908 place of meeting. Dr. Joseph Hensley presented the claims of Oklahoma City (pronounced Ock-lahoma) and did so with much force, wit, humor, and sweat. A number of members rose to second the nomina-

tion, Dr. Florence N. Ward of San Francisco (our Dr. Florence of happy memory) leading, and Dr. Chas. E. Walton, the Institute's poet and orator, closing with an original poem. The beauty of this poetical second, like that of a good story, was the surprise, for to all except those in the secret it seemed as if he was speaking for Hot Springs, which had not yet been put in nomination. He premised with a quotation from the Scriptures, which caused some badinage and frequent interruptions *sotto voce*. His poem was in the form of a dream or vision. He was standing on a bridge at midnight and was progressing finely with his clear, dulcet tones, his happy expression of countenance, and red necktie, when his memory failed for the word, and after trying vainly to recall the cue, like Sol Smith Russell in his effort to get beyond the line "For I was born at Bingen," he ejaculated, "Oh, confound it!" referred to the wisp of a card in his hand, and finished amid great laughter and applause. Dr. W. O. Forbes of Hot Springs, and its advocate for the 1908 session, made a good business-like statement, was well supported by Drs. Cobb and Norton; but the many "seconds" to Hensley's nomination, and the happy and well-finished poem of Walton, turned the tide and carried the day and the nomination for Ocklahoma.

Since copying the foregoing on our typewriter at home we read in the daily papers of the great fire just outside the Fair Grounds gates, beyond the Kentucky village and the Daniel Boone house, where many lives were lost, and pretty nearly \$300,000 in property went up in smoke and only 20 per cent. of insurance. Think for a moment what we escaped! It must have been an exciting time for the guests in the Inside Inn. Notwithstanding the unusual care exercised in the Inn against fire, yet if by any mischance a fire had started (and we saw many smokers throw lighted matches on the oiled pine floors), with every material of the lightest and driest, oiled verandah and office floor, while no lives might have been lost, still what would have happened to the Inn? Let us be truly thankful that this awful calamity was not added to our other burdens.

The journey from Cleveland to Washington by way of the B. & O. was not overly severe, though severe enough. The bituminous coal smoke and its attendant and irritant cinders rendered the view somewhat dim at times, at others wholly obscure, especially when some

point of interest had forced itself upon our attention, like the wayside signs of Durham tobacco and Silvertop beer. These evidences of household necessities made us feel that the era of prosperity was upon us as a people, and also that one touch of nature which makes the whole world kin. For what is home without Durham tobacco and Silvertop beer? The pity of it, Iago, that there are unesthetic farmers enough in this artistic land of ours who still permit the desecration of an otherwise beautiful landscape with these disfiguring commercial signs! A number of Clevelanders were in our sleeper, all of whom rendered us yeoman service; but what could we have done without the affectionate, always well-timed and unobtrusive services of that gentleman of the good old times and specialist physician as well, Dr. J. Richey Horner? He relieved us of more than two-thirds of our Secretarial duties at the Jimson. It was his feet that walked our beat, his heart that beat for us, and his the brain that helped us to think and plan. His care and protection of us and our family en route and at Jimson was truly most tender and brotherly. His resources for adding to our comfort and convenience seemed inexhaustible. He was to us the acme of courage, courtesy, and common sense. But hasn't this always been one of his cardinal virtues? Isn't he always ready to fill a place which, if left unfilled, would seriously incommode, or destroy the unity of the occasion? Wasn't that one reason why Dr. Green and his cabinet thought only of Horner to fill the responsible position of Secretary to the Institute and Congress, when Gatchell made his get-away? Who else, as well as he, could have filled the place and brought any semblance of order out of the chaos of night in which his immediate predecessor had left the affairs of that office? Who else should have been acclaimed Secretary at Atlantic City, in recognition of his wonderful versatility and his comprehensive grasp of the difficulties and intricacies of the hour, though it was given to us even in our absence, but J. Richey Horner? That, however, wouldn't have been Horner's way. He is cast in a far more heroic mold. Like Abou Ben Adhem, who also wanted to be inwritten a lover of his fellow-man, may his tribe increase!

On this same journey our porter—who had charge of an alleged buffet—informed us that he had no use for Cleveland, because more than half its inhabitants spoke no English, but only Polish,

Scandinavian, Eytalian, Bohemian, and the like. We have lived and had our beans in the Forest City for nearly twenty years, so that this statement caught us a little below the belt. Now where had this porter alighted and been domiciled in our city to have imbibed this peculiar impression? The B. & O. depot is not, to be sure, laid down in a very desirable part of the city; but so neither is our alleged Union depot; and as we recall other depots in other cities here and abroad, they are usually in low-lying valleys, near waterways, lumber-yards, iron-foundries, blast-furnaces, the cheapest kinds of restaurants, disreputable groggeries, ticket-scalpers' dens, and penny moving-picture emporiums. But why had he heard no English? Washington, he added presently, was good enough for him; there there were ninety thousand colored people. Perhaps this was the answer to the riddle.

From Washington to Jimson per steamboat we had some varied experiences. In the first place our luggage, which we had been so particular to see aboard our train at Cleveland, slipped a cog or an eccentric, and failed to connect with us on our southern trip. Then the boat was shy two chefs, and several waiters; so that the service was a slow and irritating one, and the culinary products not those usually emanating from the practised hand and brain of your cordon bleu. But 'twas enough—the price, at any rate, was. No one on board, from the gold-laced captain in the capstan, to the purple-hosed stevedores from the mizzen mast to the companionway, knew, or at least pretended that he didn't know, when the boat would reach its destination, or where that destination was ordinarily supposed to be. Some thought we would have to go to Noffuk, and then wend our weary homeward way to the Inside Inn, ten miles away; while still others reckoned we would be toted to and dumped at Pine Beach, the deep-water pier for the Exposition travelers. At Old Point Comfort we were at last gladdened with the news that we would cut diagonally across Hampton Roads (which is a body of water partly surrounded by land) and be landed on Pine Beach. It was Sunday when we reached there, had been, in fact, all day, though we hadn't noticed it in any obtrusive way until we found ourself seated on an upturned trunk "to be called for," until Horner could somewhere or somehow find an employé of the Company, or the Inside Inn, or any kind of vehicle to "carry" us to the

Inn, which, for aught we then knew might be fifty feet away or half a dozen miles.

When we reached the Inn we found efforts had been made to provide for our comfort, and we shall always feel grateful for this thoughtfulness. Our places at the table were reserved; the several stewards (especially one handsome and good-natured Ohio girl headwaiter), formed themselves into a bodyguard about us at every meal attending our wants; the bellboys on our floor outdid themselves in adding to our contentment without graft or extortion, beyond an occasional cigar, such as the humorous Biggar smoked at the Inn. (Like W. Harvey King, he is soon going to take smoking lessons.) The return trip to Washington on this same boat had its own complications. In order to get anything started in this land of laziness and *dolce far niente*, as all of the Institute guests discovered, it had to be put on its passage the day or night before. So we prepared our trunks and sent them down to the Inn baggage room Saturday night, in the hope that they might meet us at Pine Beach next morning in time for the ferry across to the Point where the Washington boat would pick us up. The trunks, *mirabile dictu*, were there and on time. But no one had authority to check them to Washington. This would be done at the Point. We took the 7.30 ferry and discovered too late that our trunks were left standing on the dock and we without a token of ownership save the claim checks of the Inn. And all the Institute papers and other impedimenta in one of these trunks! Damn them trunks anyhow, said we (out of hearing of our family, of course, but nevertheless most heartily), they always give us trouble. At the Washington steamboat office on the Point dock we discovered that there was a regular Kentucky moonshiners' feud between them and the ferry company, and for a time they would not even listen to our plaint. Dr. Horner was not with us on this trip; but Dr. Campbell of Los Angeles interested himself in the mix-up, and after receiving all kinds of information which was absolutely worthless, a paper was drawn up which would ensure the forwarding of the trunks on a later boat. But glory to Allah, the next ferry which came over threw our trunks on the dock! With our usual Peter impulsiveness we had taken the 7.30 instead of the 8 o'clock ferry from the deep-water pier.

We sadly missed the jolly crowd of Washingtoners that had come down with us on the preced-

ing Sunday,—“Swampy” and his good wife, W. Rufus King and son, A. B. Norton and wife, W. A. Dewey, H. H. Baker with mother and aunt, and our Cleveland delegation, also the four bridal couples with brand splinter new dress suit-cases, each upholstered in pink satin. But most of all did we miss the patriarchial Joseph with his Ocklahoma record permanently fixed in his graphophone and turned loose on the unsuspecting traveler without a moment's notice. But Joseph had come from Ocklahoma on business intent; and he didn't moon away his time at anything else. He was truly entitled to great credit for his hardihood in traveling this immense stretch of country, being himself more than half ill.

The Press Committee, headed by Wm. Rufus King, tried its purtiest to get a line on the Press of the country. The Noffuk papers managed to get in several items fairly straight; usually, however, they were twisted. But King, himself, sat on the Reporters' bench, and watched his stenographer, giving him copies of papers, principal points in the discussions, etc. More than this he could not have done. More than this the Institute should not expect of him or any other Press Committee. Pretty soon this Committee, like the one on Medical Registration and Examination will be slated for a peaceful and painless death and embalmment in the Institute's chambers of oblivion. The Associated Press is not to blame. The individual members of that Association do not take the “stuff” off the wires, because, they say, their readers do not care for it. Then, why go to the expense of taking and preparing it? What the great, intelligent public wants, is a filthy Thaw trial with its wealth of bestiality, lubricity, and bastard aristocracy; or the stenographic report of an assassination club out in Boise City; or the minute description of what John D. Rockefeller, Jr., paid in the form of tips to the sleeping-car porter and the dining-car waiters. Or if by any unlucky accident, the principal man of the city or village, lawyer, doctor, merchant, chief, or even preacher, with unsmoked and unscorched skirts and untainted reputation up to that instant moment, is caught flagrante delicto, or *felo de se*, or worse, with another man's wife, or his stenographer,—*that*, boofer ladies and gentleorums, *that* is news! And it is printed with cleverly-executed diagrams of where he stood or where she lay, with half-tone pictures of the fami-

lies on both sides down to the third generation, to say nothing of the dog—with dotted lines and arrows pointing the way—several editions every day. "Billy" King deserved a word of praise for the work he did. It is in our mind that we were the father of the Press Committee notion when Cowperthwaite was President. If so, we here and now repudiate the bantling and declare that it has no longer any right to existence. If the world at large wants our proceedings, let it ask for them. It is useless to take this horse down to the water. You can't make him drink.

Among the Exhibitors we found the sprightly Dr. Baketel with his famous Antiphlogistine dope, as popular as ever. He made report of some excellent places for homeopaths in the South and wondered why our younger men so uniformly settled themselves in the packed-full cities of the North. Mellin's Food was doing business as always. Dr. J. J. Jones, the typical Southerner in appearance and manner, accompanied his chief, Mr. Delano, who, the latter, was nearly talked to death on the verandah by a deaf Confederate soldier. This ex-wearer of the gray watched his opportunity and when he saw some man sitting alone he would throw him a line—his ear-trumpet—and at once establish communications. As he had a raucous voice together with great persistency, his revelations grew very tiresome to the other inhabitants of that verandah. Gail Borden's Malted Milk was a wonderful addition to the hot day's work. So, too, was the Ballardvale water bright, sparkling, and cool. E. P. Anschutz of B. & T. was there for a few days, but not feeling like his old self. Bro. French of the Chicago B. & T. house was there in good shape and happy. Horlick's Malted Milk was well served by gentlemanly attendants. The little "bijou" ice cream freezer presented to a few ladies was a "darling."

I went to Norfolk yesterday, said genial George Royal, to see some friends. While there I be-thought me of something I wanted from a hardware store. So we found a first-class establishment, and entered. No powdered, curled, and pomade-d floorwalker doing the Uriah Heep act with his hands, with flat feet, and unusually long coat-tails, met us at the door of entrance. The silence of Southern enterprise was vocal in all parts of the store. Away back in the rear of the store were three clerks lazily chatting with each other, wholly, oblivious of the presence of a stranger's foot on their hardware floor and a

possible customer. If the mountain will not to Mahomet, why, then, argal, Mahomet will to the mountain. Royal's friend tapped one of these Rip Van Winkelian disciples on the shoulder, who seemed in no wise affronted at being disturbed, but turned around and listened to the request for hardware. He said, however, that that a-special article or implement was in a part of the store presided over by another clerk, who was out at this moment and would not return for an hour. Could not one of these present clerks wait upon Dr. Royal? Oh, by no means, no: they knew nothing of the contents of that depahtment; and, besides, they never trespassed upon each other's a-special preserves. So Royal didn't get his Hamburg-steak machine, and he will have to chew his steak with such upper and nether grinders as Nature has provided him withal. In other directions he noticed the same air of listless, good-natured indifference. And yet Royal and others of us have read since our blue-backed primer days, of the intrepid, fire-eating Southron! Is it to be wondered at that the Jimson Exposition lags and halts? In front of our Inside Inn, on one day of this memorable week, six or eight little two-wheel carts each with one mule and one colored man as choofer, delivered a square yard of sand at stated intervals, to some of the unhide-able holes in the road, and this was gently distributed by two more colored men. But that day of unusual exertion has not again been repeated: The road is still as deep in sand, and as regularly accented with sink-holes as before this brigade of workmen did their enlivening stunt. Fawncy a Chicago contractor with a dozen horse-drawn shovels getting busy on this road for even one-half day! The local people have much to say about Joe Cannon holding up the loan and thus delaying the completion of the show. But, as we understand it, the loan has been made; and still we find only a few colored men here and there lazily, good-naturedly, doing a little work! No, it isn't all Joe Cannon's fault. Who can guess where the real fault lies?

Only one "plug" hat among the homeopathic physicians! And he was a Southroner! Why should any one want to wear that "chimney" pot with its weight and discomfort in this scene of heat, direct and radiated. But possibly a "plug" hat covereth a multitude of sins. Another disagreeable feature is the noisy shoes worn by the women. It is to be remembered, of course, that

every floor here is made of pine lumber, not securely fastened, nor resting upon very solid foundation. But it is certainly a fact that the average woman seems to be wearing brogans, judging from the noise she makes in walking over the floors. The dancing hall is so roughly planked, or so poorly planed, that it was almost impossible to dance on it. Dr. W. Rufus King's son didn't try any glide or slide movements, he simply hopped around, keeping excellent step to the music, in no wise incommoding his partner, thereby drawing the envious eyes of the few other dancers upon himself and his partner. The verandah and floors seem to be saturated with some manner of oil which will ruin a woman's dress in about fifteen minutes. Bub Hick's father (the College Widow) was present as a doctor. Don't know who he was.

Geo. Shearer, like the mayor of Omaha, has quit wearing a hat—so we have been told. But as soon as the silver threads weave themselves into his coal-tar locks, or if ever that denuded spot no larger than a recalcitrant os uteri, at the beginning of the second stage of labor, appears, we bet he will hie him once more to his hat, as Cæsar did to his laurel wreath in order to hide his baldness.

Our own (Institute) badges were pretty, and aside from their usefulness in identifying the wearer, they added perceptibly to the toot-and-scramble, as the late Bill Nye of happy manner used to say. Still the society which followed the Institute went us one better for appropriateness. The Bankers of Virginia was the society and they wore a miniature check with the name of the wearer filled in. Now, wasn't that a happy conceit? Coming back again to our own, we refer now to the Hot Springs boomers, who wore a green leather label variously inscribed, but superposed was a two-dram vial filled with Hot Springs water marked with the tincture sign.

Another of the distinctly disagreeable and annoying incidents of the visit to the Jamestown Exposition was the utter lack of efficiency in the mail and transportation of luggage and express departments. Although here to-day a full week not one letter have we received from Cleveland, and we know they have been written and properly dispatched. One post-card mailed at Norfolk by the Express company upon a day certain, was not delivered to us at the Inside Inn until three

days after it was received as per receiving stamp at the Inside Inn P. O.—a regular sub-station of the P. O. D. This card had reference to the Official Announcements which we had sent from Cleveland on June 8th. No examination or tracer could find these missing four separate parcels, and our steamer trunk especially loaded with 300 more Announcements got lost in the shuffle, although checked through, and did not turn up until after 5 o'clock Monday afternoon. The result naturally was that the day's program had to be black-lettered on a large manilla sheet by one of our stenographers and suspended in full view of the audience. There was really no excuse for this delay except the unpreparedness of transportation and postal facilities. In order that these Announcements might surely reach here in time for the opening meeting, we sent them by express in good time. The Cleveland Express Agency assured us that it took but thirty-six hours to get through. A telegram to the Norfolk local committeeman failed to find hide or hair of the programs. So we started a tracer and another 500 Announcements. But no Announcements were received, save those found in our belated steamer trunk. On Friday, after the concluding business meeting, one of the hotel employés hunted us up to say that some express parcels were in the baggage room with charges for bringing them from Norfolk. What did we answer? Well, just imagine it, if you please; but by advice of counsel we decline to answer for publication. Other visitors failed to get their trunks until one or two days after their own arrival. One good brother's wife discovered that her husband had forgotten to take his bedroom slippers. At once she expressed them. That gentleman went home this morning without his slippers, and all through the week had to prowl barefooted about his bedchamber in danger of lockjaw from attacks of stray tacks. The slippers have not yet got here. Such delay and inefficiency is maddening to a Northerner. The inefficiency in our case we believe had its origin in the post office department. Had the express company's postal card been delivered to us within a few hours after its receipt by the Inside Inn P. O., the parcels might have been traced and secured. It's a glorious climate to loaf in and get lazy in, but it hurts when the same loafing and lazy feeling penetrate such business necessities as Uncle Sam's Post Office and the United States Express.

The Unanimous Club pulled off another of its famous banquets in the Jamestown Imposition—beg pawd'n—Exposition, on Wednesday night. Distrustful of the culinary possibilities of the Inside Inn—for the Unanimousers are perfect Lucullan gourmets or gourmands, and just ordinary every-day three dollar and a half a day with wine rations will not down with the fratres nobiles. So some twenty-five of the nobles withdrew to the Marine restaurant, around the corner from the Inside Inn, where under the genial but not always gentle administration and ministrations of "Billy" King—Wm. Rufus King of Washington—as toastmaster, the fun grew fast and furious and it required no protracted effort to keep things warm. One of the chief features and an innovation was music by a Scandinavian band, which sang and played operatic airs from "Carmen" and others. The musical treat was greatly enjoyed. Among those privileged to mingle with these rare spirits were Dewey, the two Roberts-es—not father and son, nor any other relation—Garrison, MacDonald and Kingman of Washington, Bingaman, Edmundson, Lewis, Weaver, Jackson of Norfolk, Runnels, Fuller, Townsend, J. H. McClelland, Norton, Horner, Green, Gregg, J. Pretty Cobb, Gurnee Fellows, "Swampy," O'Walton, Custis (perhaps this meeting will account for his rulings as temporary presiding officer on Friday), Goodell, A. W. Baily, Carter, Corlett, Forbes, T. Franklin Smith, Copeland, Omega Short, and Richardson. O'Walton was knighted by Copeland; "Swampy" got a gentle "roast" from MacDonald; Richardson had another first-class Clancy story; Walton had a poem and a story. Biggar "looked in" for a few moments leaving his ingratiating smile and apostolic blessing, being unable to tarry with the gang owing to his early departure for home. Owing to a temporary unsteadiness in our "clay" feet, we did not dare to tangle them up any more, and so did not attend the Club. But all reports go to show that it was the usual and unanimous success. To be deeply regretted was the absence of the Secretary Dr. Warner, and of Dr. E. H. Porter.

In the meetings the New York contingent showed up well. Dr. W. Harvey King was here several days. Dr. Jno. B. Garrison, Dr. T. Drysdale Buchanan, Dr. R. T. Rabe, and Dr. Geo. F. Laidlaw were among the elect. Rabe and Buchanan have been advised to use Danderine

because they can prove it. Pennsylvania was not so prominent; though Dr. Korndoerfer, and Dr. Betts of the Old Guard took much interest in the work. McClelland of the Hahnemann Monument was here not one day older than when he presided with such marked success over the Denver session; if any change, his eye has grown brighter, his complexion ruddier, and his smile more endearing. Zephaniah Variolinum Miller of Pittsburg was his selfsame bundle of good nature, well-rounded muscle, gold spectacles, and mischievous eyes. Dr. J. B. Kinley from far-away Denver came with a piece of rope and a skin of camel's milk. Cleveland was remarkably well represented. On our train were J. Richey Horner, H. D. Bishop and wife, W. H. Phillips and wife, Dr. Martha A. Canfield (and her husband who is not a physician), Miss Russell, Dr. Nobles, and ourself, wife, and daughter Ona. Later, coming on other roads, were Dr. Lester E. Siemon, Dr. H. F. Staples, and Dr. H. F. Biggar. Dr. W. B. Carpenter and wife and Dr. C. A. Schulze came from Columbus, O. Dr. H. E. Beebe from Sidney, O. St. Louis gave us Dr. W. John Harris and his charming wife and son (who is employed in the Exposition); James A. Campbell, Carl J. Luyties, and Dr. L. C. McElwee still looking like Teddy. Dr. W. E. Reily came from Fulton, Mo. Chicago gave us FitzPatrick of the Obstetric Section, J. P. Cobb, A. L. Blackwood, Guernsey P. Waring, H. C. Allen, Christine Bergolth, Lizzie S. Boyd, H. H. Baker with mother and aunt. Dr. Sutherland of Boston, he of that superb address on Homeopathy, delivered the opening night, and his helpmeet, the far-famed poetaster, writer, and playwright, added grace and culture to the scene. The President with wife and daughter came from Hartford, Royal from Des Moines, Fisher (the immortal C. E.) enlivened the parliamentary proceedings a number of times. O. S. Wood, one of the chief hosts of our Omaha session was in attendance; and so was W. T. Hanchett, looking well and happy. O. S. Runnels was a distinguished figure at all times. Delamater never grows old, and his smile continues; also his stogies. MacLachlan, hoot mon! and Rollin H. Stevens with wife and daughter from Detroit, but not our young friend Dale M. King, Editor of the *Counselor*; Dr. J. A. Lenfesty of Mt. Clemens came, looking more like a Frenchman than ever. Green came from Little Rock. Drs. Hensley and Mary Ray from

Ocklahoma. Edgar, the irrepressible, from El Paso; and as usual, at the last moment, when the O. O. and L. Society Section was in turmoil, toil, and trouble because of his absence, he appeared—Dr. J. B. S. King did. Indiana gave us Dr. Garner of Ellwood, a man of the old school of gentlemen; also one of the numerous Stewart Brothers who are physicians. Dr. E. Wilton Brown of Mt. Kisko, N. Y., is another of those noble nobles, like J. Richey Horner of ours, whose helpfulness does not wait to be asked but insists upon tendering itself and being indignant if not accepted: as the saying is in the Orient, if thy brother's camel is lame lend him thy camel; and we used his camel a goodly number of times. The Nobility will understand.

One of the most pitiable and as well exasperating incidents of the session, was the breakdown of our honored President, Dr. Edward Beecher Hooker. The breakdown, of course, did not enter upon its initiality at the Exposition, but antedated it by some months. Dr. Beecher Hooker accepted his high office at Atlantic City in a fine spirit of enthusiasm and determination to fill his term of office with such gentle but effective innovations as would redound indubitably to the honor of our glorious Cause. After planning for a series of addresses in the various centers of Homeopathy, he had but entered upon his self-appointed task when he was attacked by grippe, which at once added other complications to itself, so that he was at once necessitated to retire to the privacy of his home, where with gentle and unflagging attention he slowly mended. Fate, however, being still in a capricious mood, played him one more nasty prank, by mixing him up in an automobile accident. However, nothing daunted (he comes from a historic and non-despairing stock), he reached the Inside Inn before the other members, and at once—well, what more is there to say? Those of you who were present know how energetically he seized upon the unfortunate situation; how he struggled almost superhumanly with the many problems which naturally shifted themselves to his shoulders, how on that memorable black Monday he met the different disaffected delegations, reasoned with them, poured oil upon the turbulent waters, visited the “impossible” Hall of Congresses, “traipsed” through the hot sands, and into and out of the intermittent mud puddles, climbed over obstructing building material, until towards the

close of the evening some form of peace rested on the former chaotic prospects. And the evening and the morning were the first day. Through his magnificent and magnetic generalship, his consummate skill and diplomacy, the Institute was eventually given permission to hold all its meetings, business and scientific, in the Inside Inn, and the Exhibitors, who continued a thorn in the Institute's side, until the glow lamps were turned off and the band had Home-Sweet-Home'd them, were also placated and placed in the Inside Inn. But, our noble President, watched and tended as he was by his faithful wife and daughter, had to pay the inexorable penalty, so that on Thursday morning he was unable to leave his bed. He mended, however, quite rapidly, and was present at the closing business session. No one save those highly organized, sincere, and enthusiastic can appreciate the degree of mental and nerve strain which was placed upon this man; nor can they understand the stress of disappointment which wrung his heart, as he saw himself balked and baffled and buffeted by an unkind Destiny. But the Institute was not unmindful of the efforts and mishaps of its chief, and it stood by him nobly, and cheered him with its heartiest sympathy and co-operation. And in its concluding meeting it sent him a considerate and loving message of thanks. It will be full many a day before the American Institute of Homeopathy will forget its gallant “Fighting Jo” Hooker.

Though the mood is upon us to be kind to all interests of the Exposition and the Institute, we will vary the literary stop for a moment to say that the Institute sadly and badly needs a Holman—a watch-dog for its Treasury. This is no reflection, not even in the remotest degree, upon Bro. T. Franklin Smith, the ever-present and always efficient Treasurer, but it does mean that something should be done to avoid the indiscriminate voting of money from the floor in general session. Next to passing a batch of resolutions filled with “beatific platitudes” (with apologies to Fisher), nothing seems to be more easy than to vote money. The average attender upon the Institute is unversed in the finances of that body, and if some oratorical Demosthenes plays heavily upon the alleged need of some department, man, or thing, the money-vote is put upon its passage and passed, with rarely a dissenting voice. This is most unfortunate because in several instances within our knowledge the

treasury was crippled, and bills were held back that should have been paid. Those who attended the final meeting of the Jimson meeting know to what we refer. The Institute has taken all the danger and demagogic topics off the floor and referred them to appropriate Committees; but this, the most essential, the sinews of any and every organization, is left at the mercy of any silver-tongued jawsmith who may elect to grind an axe at the expense of the Institute strong box. Why not appoint a Committee on Disbursements, or a Committee on Ways and Means, with the Hon. Treasurer as Chairman, and thus discover the status of funds, and as well the wisdom and propriety of the measure proposed?

Once upon a time, years and years ago, so many, indeed, that everybody remembers the story, a man on a Mississippi steamboat refused several hard-pressed offers of soup at the evening dinner table. That night someone in a neighboring stateroom needed a nutrient enema, and by one of those queer contretemps—kindly excuse French—which often occur in the best regulated families, the stateroom of our soup-refusing man was mistaken for the patient's. Only partly awake he was turned over and given the enema. Now fully awake and outrageously indignant he exclaimed, "Well, I hope you are satisfied. You've got that damn soup in me at last." The anti-scarificationists of the Institute, and internal-vaccinationists, by some unhappy fatality managed, as formerly, to hold back their "soup" until the last hour of the last day, the latter end of the session so to speak, and being turned down on two resolutions, which were uncovered and showed their contents and purpose, at last managed to smuggle in an order for the reprint of a paper discussing the variolinum-vaccination problem as presented in the privacy and sanctity of an Institute bureau. No statement that the Institute had not heard the paper, did not know what it contained, or that it was manifestly unfair to bind the Institute to the indorsement of the paper had any weight whatsoever. Several speeches were made along the line with which the Institute is familiar, and the reprint was ordered. And if that paper recommends internal vaccination by means of variolinum, and it is now sent forth to the world as the wise and carefully considered dictum of the great American Institute of Homeopathy—for you cannot separate a man from his shadow—if the Institute, despite one of

its Standing Resolutions, sends this paper to ten thousand people, it stands committed to its contents. Is this a square deal? Is it fair? Is the precedent established one of which the other 2300 members will approve and be proud? Mark well that we are not condemning the anti-vaccination scheme, however sharp our English may seem; what we do condemn, and here we are not capable of selecting proper biblical language, is this waiting by a small handful of partisans until the Institute as a general body has paid its hotel bill, has had its railroad tickets validated, has had its last senior wrangle with the porter and chambermaid, and then springing a motion and pressing it to its passage, when every member could have known and did know that this or any motion like it, if proposed on Wednesday or Thursday, would have been Laid on the Table so awfully dead, that even Fisher with his unparliamentary motion to reconsider could not have revived it. What's that? Well, yes, it do look like snap-judgment, ain't it? But they got that d—— soup in at last, and are, presumably, happy.

If you will carefully scan the list of Bureau appointments made by the retiring President, you will find that the Bureau of Homeopathy—the original creation either of H. C. Allen the wheel-horse homeopathist of the "high" school, or some of his associates, is chairmanned this year by Dr. R. F. Rabe, of New York, one of the staunchest of the second-growth homeopathic timber. His papers on Homeopathy and materia medica, in the current homeopathic press, have been masterpieces of clear logic and pure Homeopathy. He is still a young man—(we haven't Pitt's Defense of youth at hand)—but he is the personification of energy, enthusiasm, and Homeopathy. In the Bureau of Materia Medica, Professor James Tyler Kent, of Hahnemann, Chicago, is helmsman. Now let us hear no more of that idle twaddle that the Institute has no Homeopathy. If these two men do not stand for all that is good in Homeopathy where will you find them? These men were appointed out of hand, with no "strings" on them. Is not this a noble concession to the demands of an intelligent minority? Let us see what these good men have up their sleeves. Is not this the way to bring about the natural and proper amalgamation of the I. H. A. with the A. I. H.? Crawford of California has Sanitary Science; Hinsdale of Ann Arbor drew Pedology; and Duffield of Alabama found the Clinical Medi-

cine baton in his knapsack. The geographical question as well as the professional qualifications entered into the appointments: the South, the West, the East, and the Middle West being notably remembered. In the Committee Chairmanships the same care was exercised that good men were selected: so that Dr. Royal S. Copeland, the new President, is well supported. The officers, too, by a happy accident, are grouped so that there may be frequent meetings of the Executive Committee, without traversing half the continent to get together and do things. At the initial meeting, the new Committee put in motion a number of desirable innovations which promise to make the Oklahoma meeting an entirely different affair from the Jimson weed effort.

This now is Saturday, and we remained over, in order to get rested and for one whole day enjoy this beautiful verandah swept by the cool breezes, its nellie chairs, its porcelain-topped iron tables which fall over on the smallest provocation, reminding one of the many out-of-door cafés on the bull-yards (boulevards) of Paris—a-specially the Café Américain, where, in 1896, Bessemer of Ithaca had a leaden five-franc piece passed off on him. We are told that the temperature outside the eminent domain of the Inside Inn is roasting hot; but here on this broad verandah it is most lovable, cool, and inspiring. In reviewing the events of the week now gone,—one which opened so threateningly,—we conclude that after all it was good to be here, and that the Institute, while not so plentifully represented as at the last Chicago session—when will its glory fade?—or at Atlantic City, with its wild waves, the membership which did attend was of noble metal, many of them homeopathic pioneers, and the bureaus and sections put their best foot forward in a laudable endeavor to wipe out the unhappy impression of the first day or two. The four principal Bureaus, Homeopathy under the able generalship of the popular Dewey; Materia Medica under that Homeopathic master from Hot Springs, Victor H. Hallman; Clinical Medicine by his Reverence the Bishop of Cleveland (Hudson D.) who looks more like a jolly monk in the unavoidable absence of that thorough-going, thorough-bred chairman from Ohio, surgeon and physician of Marion, Dr. C. E. Sawyer; and Pedology by Baker of Chicago—one of those energetic workers who do things, and possess the greater faculty—if that be really true—of making

others do the same. No one of these four essentially homeopathic and Institute bureaus took up the full time assigned. But every paper presented was good, and generally it was discussed. Clinical Medicine, and Sanitary Science each introduced an innovation into the belly of its proper work. The former voted to have its Opsonic Index Symposium reprinted and publicly distributed, both at the expense of the Institute, of course; and the latter got in a variolinum paper also for reprint and public dissemination. The affiliated and allied societies had abundance of time and good papers. Our good friend Dr. Hamilton F. Biggar was honored with the Presidency of the S. and G. Society, a fine appointment as the society will soon realize, for he is an indefatigable planner and worker. Handsome C. Aldrich, if our memory does not deceive us, was advanced to the Presidency of the Obstetric Society; of course there can be but one man for Secretary, and he is re-elected year after year, as he should be. The President's Address was replete with cogent argument, and apropos suggestions. He traversed a wide field, child labor, cabinet position for a medical officer, impossible amalgamation of the schools, a substitute for the proposed Institute journal, and other lively and timely subjects. His delivery was fine, and no one not behind the scenes would suspect how sick this man had been, how closely he had lain in the very Shadow of Death only a few weeks before; nor would they guess the amount of grit and perseverance it required to stand up before that fashionable audience, and present his state paper. Dr. John Preston Sutherland's address, on the same occasion, on Homeopathy, was really one of the finest contributions to the 1907 session that was made. And very properly at a later meeting the Institute ordered it reprinted and mailed to 10,000 readers all over the world. It is pleasant to contemplate that in this instance there was no need for jimmy and dark-lantern to get the reprint passed. But for the other two reprints—well, we feel too good-natured to say anything more, or, possibly, what we have said elsewhere will fill the requirements of this ticklish occasion.

A number of ladies accompanied their husbands and assisted in lending color, beauty, and sweetness to the scene. Mrs. Beckwith of Atlantic City was one of the typical Southern beauties, and as charming a little woman, all gracious-

ness and smiles, as her husband big and heavy of build, with his Victor Emmanuel moustache, is rated as a homeopath, hustler, and hard worker. Mrs. Korndoerfer made a delightful hostess at the Meissen meeting in the Daniel Boone headquarters. Mrs. Rollin Stevens accompanied by her pretty little daughter, enjoyed the verandah and the Meissen. Mrs. Weaver was re-elected Secretary of the Meissen at the same salary, and with the same office hours. Mrs. Swormstedt was here a number of days. Mrs. Custis, like Cornelia with her jewels, was here with her handsome daughters, and was a happy figure. (How well we remember how at some of the earlier Institute meetings not so very long ago Mrs. Custis was accompanied by a negro mammy to wait upon her, then, little girls.) Mrs. Bishop of Cleveland kept herself rather quiet, probably fatigued from the trip to Richmond. Mrs. Phillips, also of Cleveland, did not feel over joyous with the culinary arrangements at the Inn and elsewhere. Mrs. Carpenter of Columbus stayed until near the close of the week, enjoying herself. Dr. Mabel G. Dixey of Fremont, O., was an interested attendant upon the bureaus. Dr. Julia C. Loos, and Dr. Flora E. Gladwin, both of them cracker-jack homeopaths as we have had occasion several times to say, are here. They are frequent contributors to the *Medical Advance* and the *Critique*. Dr. Gladwin has the happy faculty of putting her remedy-studies into conversational, over-the-back-fence style of papers. They always appear like "people" rather than as inanimate objects. In this connection we want to mention an incident which shows how the wind sets in some quarters. In speaking of some of the ladies in the party and asking for a list of the ladies present we mentioned one lady-doctor's name. Instantly our interlocutor interrupted by saying, "She's not a lady; she's a doctor!" *Voilà, tout!*

The Institute Journal question has taken on a new tangent. The Committee itself had nothing new to recommend, not until the Institute was incorporated. The President in his annual address threw out the suggestion of issuing a monthly leaflet or bulletin, and the Transactions still continuing to be issued. Whereupon, under a moment of New Business, Royal moved that if in the judgment of the Executive Committee, such bulletin could be issued without expense that the Executive Committee was so empowered to do.

The Inter-collegiate Committee did for a fact finally get busy. So did the Inter-state. There was a conspicuous absence of the usual preamble and resolutions for which these two Committees have been so famous. Only this and nothing more. Norton's Committee on Conference with the American Medical Association, in conjunction with the other Committees above referred to, wrought out a Council on Medical Education, which shall have the same powers, as that so long arrogated to itself by a similar Committee of the A. M. A. The Committee is really composed of School Inspectors, whose business it is to visit the medical colleges and determine for themselves the standing, rating, etc., of the visited institution. This will do away with the injustice of an A. M. A. inspector Paul-prying around in a homeopathic college and then reporting it as below a certain necessary standard.

Boericks and Runyon did the thing up to the queen's taste. Through the courtesy of one of their Brazilian correspondents a live snake, the *crotalus cascariets*,—no, that doesn't sound quite right, no, nor castanets,—the *crotalus cascavella* order was forwarded and presented to the Institute through B. and R. It seems to have been hibernating, if that is the proper expression to use with the reptilian genera, in New York, probably in the Central Park Zoo, and was there watched and washed and tended, and then shipped here. B. and R. had ready for distribution a number of little vials filled with potentized virus from his or her snakeship, as the case may be, and the vials were taken by the physicians for the purpose of proving. In a general way the few pathological conditions noted on the vial, for which the potentized virus is said to be good, are similar to the *c. horridus*, the *lachesis*, and the other serpent poisons. B. and R. had this snake—after its introduction into and removal from the latest Elysian Fields, and Garden of Eden—the meeting hall of the Institute in the Inside Inn—in a glass-framed box, near the door of entrance, where it attracted much attention. The Institute was of opinion that Dr. Gregg Custis, from his general ophidian erudition, would be the proper custodian of this wooden horse, or white elephant, and despite his several thankful declinations, it was awarded to him. B. and R., upon a day following the original presentation of the snake, gave notice that many physicians had by an unfortunate mistake taken vials containing the 1x and 2x

which were deadly poison, and requested their return, or to exercise great care in the use. The snake, as it lay coiled in its glass house and at rest, was, like all snakes, a terribly beautiful thing; but pray excuse us from too close proximity with this genera even when an impenetrable wall rises between us.

Years ago, upon one of our early visits to Europe, we one day visited the Jardin des Plantes in Paris. Like the figures and groups in Mad. Tussaud's Museum in Baker Street, London, the animals and cages are scattered with studied irregularity over the garden; a cage or two here; another one over yon; and so on throughout the large and beautiful Jardin. Presently our attention was arrested by some beautiful birds of Paradise with their truly paradisiacal plumage, as they were flying over our head. In trying to follow their flight, we kept backing up until our back touched an unyielding wall, against which we rested, enjoying the flight of the birds. Then turning around to see what had interfered with our further retreat, we found it to be a thick sheet of glass, and behind it, exactly on a level with our face—certainly not more than two inches away—were the frightful head and eyes of a living boa constrictor! His immense body—probably thirty to forty feet long—was wound about the dead tree standing in his cage, but his head had swung itself over to a level with our head! The horror of that snake's eyes have never left us from that day to this! And we are willing to quit-claim our individual Institute rights to his or her snakeship, as the case may be, in fee simple and forever to Dr. Custis. And of this we put ourselves upon the country.

The I. H. A. people, who would not amalgamate with the Institute, though solicited and plead with and sat up with by Dr. John M. Lee of Rochester, N. Y., Chairman of the proper Committee, because very naturally and truly an amalgamation, as President Hooker defined it, meant absorption and loss of identity—now let's see where we're at with that Dr. Arndt rhetorical paragraph—physically we are seated in a cool room on Pennsylvania Avenue, Washington, which Dr. J. Richey Horner provided for us and our family, a day before our last railway journey to our home—as we were trying to say, the I. H. A. folks are holding their specialized meetings the first three days of this week, possibly in the Inside Inn, but more probably outside of the In-

side. But as the I. H. A. adherents and Guernsey Waring's Crusaders were practically in the saddle in the Pediatrics Bureau of the Institute, and the last two business sessions, and read and discussed papers by such eminent high-brows as Stuart Close, R. F. Rabe, H. C. Allen, and many others it really seems that the three or four days of extra board bill, and the many unavoidable discomforts of isolation of the Inside Inn by holding separate meetings might easily have been saved and spared.

We couldn't buy a match or a book to read, writing tablet, lead pencil, ink and pens, hoarhound candy, witch hazel, absorbent cotton, or any of the many hundred other little things that a man, and especially a woman, needs while traveling. Nothing could be bought except picture postals, souvenirs of Jimson—probably made in Indiana (with apologies to Dr. Garner of Elwood, Ind.), cigars and cigarettes, the check room attendant ten cents for a guest to leave his valise or umbrella there for half an hour, the several baggage room porters, who knew nothing of train and boat arrivals and departures. And after the departure of the Ballardvale water, the Grape Juice exhibit, the scarlet Pineoleum, the Gail Borden ice-cold Malted Milk—which was an ambrosial draught fit for the gods—there was nothing left with which to quench our nut-brown thirst save the one water cooler near the W. U. Telegraph Station, and here the glass was majoritically absent. That is to say *we* knew of no other place, unless it was the fenced-in verandah on the north end of the Inside Inn, where we believe mint-juleps with Kentucky mint, grown in Missouri, could be had for a price considered reasonable—in the Inside Inn. But as we were saying, and as we have said a number of times editorially, it seems such a silly, puerile performance on the part of these high-brows, and otherwise splendid fellows, to hold themselves thus aloof, incurring immense expense of separate meetings, separate stenographers, separate printing and Transactions, when they could by a little political and concerted action have all these things, and more, in the general Institute. Didn't they test their strength in the Clinical Medicine and Pedology Bureaus? Didn't they "run" one of the closing business sessions? Didn't that show them their possibilities? Then why stand outside, thumbs turned down, or hands folded and stuck in their britches-pockets, which provoked the mirth and

hilarity of the handsome mystical Korndorfer? Isn't there a good deal of worldly vanity in this posing as martyrs of their true church? Do stop sucking your sugar teats, brethren. You may depend upon it, officially and authorizingly (as Chairman Custis defined that latter word), that the Institute will never again creep towards you on its rectum abdominalis, implaining you to come in and save it from unhomeopathic segmentation. As the late, lost, but not forgotten Ch. Gatchell said upon one occasion, it is the missionary's bounden duty to go *to* and *among* the heathens and convert them, unless they do it first and convert him to their immediate, ungodly, and fleshly appetites. On Saturday evening their President, Dr. Patch, had not arrived, and their secretary, the alphabetical J. B. S. K., who had reported the double O. and L. Society, had mysteriously disappeared, like Gatchell, and no one knew whither, or whether he, too, being from Chicago, had engaged in mining stocks and taken a few flurries in Wall Street to his own ulterior disadvantage. But this king, like all other scions of royalty, moves slowly, deliberately, and with dignity, and will emerge from his hermit cell with his double O notes nicely transcribed, crisp and redolent of the midnight glow lamp—as we say in dear old England.

And that reminds us that Clarke and Burford of London, our distinguished guests of last year, cabled greetings to the Institute, which were vociferously received, for no one had forgotten, as of yesterday, this noble twain of Englishers at Atlantic City. How they did entwine themselves about our hearts! Both, upon reaching their homes, told of the reception accorded them by the American brethren—not *cousins*, mark you. The tie of consanguinity is far more dear and closely drawn than that. They were royal fellows—were Clark and Burford—subjects of a truly royal King, whom everybody everywhere, barring a few political malcontents, admires and respects. It was our Gethsemane to be laid on a sick bed at about and during the meetings at Atlantic City last year, and so among the other good things of that Institute session we failed to connect our English homeopathic brethren, most of whom we knew personally, nay, intimately. If you don't credit that last adverb, and continue in your ante-Spanko-Cuban war beliefs concerning England, i. e., that all Englishmen are solid, stolid, slow-moving, and impervious to any fun save that

percolating through two weeks' old edition of *Punch*, go to England some time and try it on Clarke or Burford, or Pullar (Shakespeare), or Epps, or a half-dozen others of London whom we could mention, without reference to their blue-book, or Hawkes of Liverpool, and you will promptly recognize and as promptly admit that an Englishman, certainly a homeopathic Englishman, is so darned nearly like an American, that, after a dinner at Frascati's or the Holborn restaurant, you won't be able to distinguish the one nationality from the other. Now, pausing a moment and reading that over, gives it a peculiar tang—a double entendre possibly, which we do not intend. The English brethren are wonderful entertainers and hosts, reminding one of Biggar's national reputation for taking care of the homeopathic stranger within his metes and bounds. But then you know Biggar just simply can't help it. He is not a born Englishman, but, to use a commercial expression, a near or mercerized Englishman, and hospitality is one of his cardinal virtues, as it has always been of his family. It was our pleasant official duty, as it has been our personal privilege, to acknowledge this cable, and to express the love, admiration, and remembrance of the Institute for Doctors Clarke and Burford. May we all meet and agree once more in nineteen-leven, when the next International Homeopathic Congress is set down for London.

General Mot (French for word), famous for olive oil and for other reasons, was at the Institute with his charming wife, Mrs. Terry, both having reached the Hampton Roads in their yacht and yachting caps, etc. Mrs. Terry is far more self-possessed and poised than the distinguished General. She is an agreeable and interesting conversationalist, her gamut, however, being of a practical nature, generously interspersed with the necessary frivolities and effervescent jollity imbibed from her husband—and he, of a surety, has a superabundance of all that makes badinage a coin of easy passage in good society. If the General had a sober moment while he was at Jimson—now, then, hold hard a minute, let's try that again—if the General had any but unserious, happy, jolly sorgen-frei (takes us back to the mosaically inlaid hallway of Dr. Florence of San Francisco) moments while at the Imposition, we did not see them. He was ever volatile, smiling, teasing his wife, telling catchy tales, one moment

here with Biggar, the next a mile away discussing some surgical problem, or descanting upon the Scylla and Charybdis through which they had passed during a howling wind and rain storm one night while here. But his lachesis felicity with language reminded one of Copeland's story told at the Biggar Loving-Cupping last year at Atlantic City. We were not present so cannot speak as by first intention. Doubtlessly, however, our new President Copeland will, if properly importuned, with stamped and self-addressed envelope added, repeat the story.

What went you out for to see? Well, for one thing, the Jamestown Exposition, and we saw it not. On the last morning of our stay we stood upon one of the parapets of the Inside Inn, and like the Peri outside of Paradise, we looked over into the promised Paradise but could see only an array of unfinished buildings, and the complexity of muddy, soggy, sand-filled, or gravel-packed roads. We could see the minarets of what looked like a Turkish mosque but failed to hear the call of Muezzin, to prayer; possibly the gigantic Underwoods Devilled-Ham Red Devil hovering near by had absorbed all attempts at religious function. The Baptist building recalled a hand-running definition, not found in the Century Dictionary or in Funk and Wagnalls, of *prima facie*, namely, good in front, but not behind. This Baptist building started with a noble porch and pillars and pediment and pedicles, and brick as the substantial constructive material; but ten feet back from the front the brick came to an untimely end and cheap boards painted like brick completed the structure. Perhaps the bathing beach was inclosed within these latter walls. The captive balloon was the only airship we saw. A skiff full of darkies fishing in full view of the Inside Inn one evening was the only naval maneuvers our gaze was treated to during the week of our enforced penitential or penitentiary retirement and seclusion at the Inside Inn. The promised illuminations, fireworks, parade of the military, upon the final analysis, proved to be a row of incandescence lamps on pillars at regular intervals along the board walk (and such a board walk!) in front of the ever memorable cool, spacious, and oil-floored verandah, a distant view of several buildings lighted up on the outside—as one might say, a Luna Park at Pittsburg or Cleveland—a few torpedo detonations on Saturday night on the "war" path, and a number of khaki-uniformed

soldiers and Capt. Jinks' horse marines strolling leisurely in pairs along the board walk—and again oh, that board walk! In the morning and evening of each day we could hear a distant bugle blaring out its "Come and git your quinine, come and git your quinine, it'll kill you sure as hell"; or "I can't get 'em up, I can't get 'em up, I can't get 'em up in the morning. Other recreations, banquets, balls, drives, half-rates to Pike's Peak, or Georgetown loop, or life-saving exhibits, or Chicago stockyards, or Shaw's Garden, or visits to the battleships and so forth and so on there were none. But then, the Local Committee frankly and truthfully told us before we, the Institute, came that they were poor—and poverty is no disgrace though sometimes extremely embarrassing—and they would of a dire necessity have to depend upon the many attractions of the Exposition to supply us with the usual recreations in all such cases made and provided for the Institute. But we were given a hearty invitation to view the baby incubators at no price (which made us regret the absence of genial George B. Peck and C. H. Vilas); and a promise of half-rates to a noted animal exhibition. All the fun we had was Hensley's Oklahoma Invitation Speech, and Walton's poem, seconding the same.

And yet, let us say it again, and as clearly and firmly as we are capable of doing it, that we cannot find it in our heart—individually, and we trow, Institutely—to blame young Verdier. Put yourself in his place for the past three or four months, and what would you have done? That the young man did not go daffy and dippy as Buster Brown and Tige say, is wonderful. What could he do? What could you have done? He was practically alone. The persons that control the destinies of the Exposition are many and as elusive as the Hibernian's insect. He had put his hand to the plow, and he was not born and bred to repeat the Scriptural pillar-of-salt story. A destiny which he could not stay compelled him to go on. And like the man he is, having confessed, in public meeting, his surprise, disappointment, and defeat through the malfeasance of others, he was ready to take his medicine, again like the man he is. Go light on your unkind criticism of this worthy young man, brethren of the profession, and of editorial tripods. He really deserves well of you.

And the same—a concluding word as to the Inside Inn. We have had our sarcastic fling at some of its flagrant incompetencies and inefficiencies; but when all is said, that can be said in all

truth, the assistance and courtesy of Mr. St. Clair and his dear little wife made it possible for our Institute to hold its meetings, all of them, business and sectional, under one roof. There was no need to get off that cool and tranquilizing verandah to meet elsewhere, if that had been possible, for any of our meetings. What went you out for to see? Did you expect the attention and buttons and gewgaws of the Waldorf-Astoria, of the Hotel Cecil, of the Palmer House, or of the New Willard, in a rapidly-built summer hotel, in an isolated position, ten miles by actual count and several hundred miles by way of vexation from the nearest lemon, unable by reason of the wretched—nay, most damnable—transportation facilities to secure necessary supplies, fresh meats, vegetables, milk, and the usual edibles of an established city hostelry, or even of a well-built and advertised summer hotel. It was maddening to Mr. St. Clair—far more so than to his guests—to be handicapped, hipped, and hobbled at every point, as was young Verdier. But did any of you go to St. Clair with a complaint which was not promptly remedied—if it was a remedial one. He came nobly to the rescue of the Institute on its black Monday, tendering it the use of many places in his Inn for their meetings. The Exhibitors, too, found him ready to assist. Without St. Clair what could we have done? Had you thought of that? Or if St. Clair had, summer-hotel-fashion like, insisted upon rental for the various rooms for our meetings, where would T. Franklin have been with his strong-box? St. Clair is not the owner of the Inside Inn. He had his strict, nay, peremptory orders, and to transgress these would ordinarily have been a risk extra-hazardous. We know he did trespass on some of them. Gently, gently, therefore. One story's good until another's told.

The Institute—Hensley ought to be fined a half-dollar for every time he referred to the Institute as the Institution—has been coddled and entertained until it is spoiled. It expects too much of its hosts. As Norton, Hooker, and others of the big men said in the initial meeting, the Institute is old enough, big enough, and rich enough to be its own host; that by reason of the financial demands made upon the local physicians, in order to furnish cakes and cream, banquets and balls for the visiting Institute host, pretty nearly every desirable city, Springs, or other resort shies at the prospect, and permits the use of the grand old Institute to bolster an incomplete Exposition, or boom a distant territory. Oh, yes, we know all this is done in the sweet name of Homeopathy; but as Madame de Staël, or Pompadour, or some other of those hemi-demi-semi courtesan favorites of dissolute French kings said, "Oh, Liberty, how many crimes are committed in thy name!" Ocklohomia wants homeopathic physicians to come to its territorial capital in order to bring its immense prestige to bear

first upon the people, and, second, upon the legislature to procure proper, safe, and sane homeopathic legislation, and not at all to boom the commercial interests of the capital of the Territory, soon to be a State. We know all this because the semi-patriarchal Hensley told it to us all the way down on the boat from Washington to the Expose, and every hour afterward until the Expose took him at his word; so he may now begin the disbursement of that seven million dollars, which, doing the stunt of Jonah's gourd, increased to eight millions in one night.

There really is no good reason, as we are dimly conscious of having said a number of times in these pages, why the Institute should be considered an eleemosynary institution, with green-goggled eyes, peg-leg, a tin cup, and a mongrel dog, soliciting alms. The Committee at Jimson drove the gaff up to the haft into the Institute's tender midriff when it asserted that without the Exhibitors and their ducats it would have been impossible to provide for needed recreations for the Institute. And when asked for a satisfying blue-print of these provided-for entertainments by some irreverent ribald, the scene was quickly switched to Atlantic City and back of that to Chicago, Cleveland, and Niagara Falls. But Nort., pardon this unseemly familiarity, put his usual damper on this ardent statement by ringing up the Richfield Springs session, with all its glory of accomplishment (as well as the defeat of Cobb and Porter—which were not mentioned), where no local physician was asked to contribute a silver nickel. If there is more than one hotel, and we elect one hotel, why can we not secure special rates, and in view of the numbers going to this hotel, can we not also secure the use of the dining-room for a belated dinner—for which we pay anyway in our regular hotel bill—and by adding a few dollars' worth of cut flowers, a raucous-voiced toastmaster, evening clothes for male and female have a costless banquet. As to the dancing—who wants to dance in June or July? Then, again, as one pert young thing confided to us after the Colonial Club ball at Cleveland, most of the Institute men are beyond the middle-age, who have not danced for years, by reason of business, or ong-bong-pwoi, and hence their step is heavy, halting, and of a fashion of dancing a generation old. Let us look this question, also, squarely and fairly in the face. We don't need a dance. The dance is usually for the young friends, male and female, of the entertaining hosts. Cut it out! Have a low-neck dress rehearsal between eight and nine of the first night, make it as short as possible—the rehearsal not the dress—then pass on to the belated dinner with its cut flowers, near-silver cutlery, planked white-fish, and silver-tongued orator. If the Institute goes in sufficient number very few amusements caterers will refuse to give us special rates. Doesn't this look possible? Why not try it?

TOPICS OF THE HOUR

Handwriting and Manuscripts.

A few days ago the Cleveland *Plaindealer* told the story of Dr. D. H. Beckwith signing a check so distinctly and clearly that the paying teller refused to accept the same, believing it to be a forgery. He held the paper until he could call up the doctor on the 'phone, who acknowledged the signature to be his, but explained that he had invested in a new fountain pen and had taken extra pains to write clearly and plainly, as he used to do when, as a teacher in the Old Western Reserve, he set the copy *Many Men of Many Minds*, or *Xerxes wollte die Griechen unterjochen*. The teller requested him not to do this again, as it destroyed the traditions of the bank to receive a check from him the signature whereof was legible. They would rather have a prescription from him which could be transmogrified either into a request for cough syrup, or a box-office pass for the Opera House. Before the day of many typewriters, dioxygenized and without, what had not the printers to suffer from illegible copy! And even yet there remain a few doctors,—John H. Clarke of London being not alone and singular in this accomplishment,—who cannot prepare so small a bit of writing as a prescription without doing it so badly as to be unreadable when it has become cold. What a trial of patience it used to be to attempt to follow the written page of our lately departed brother and elder in the Church of Homeopathy, Dr. John Chapin Sanders. And it was so difficult to get any form of manuscript out of the dear old man, that the editors and secretaries did the best they could with his worse than Greeley caligraphy. Of late years Beckwith, too, has learned the value of typewritten copy and he seldom hands the editor anything else. We notice from a card inlaid in the regular program of the Minnesota State Homeopathic Institute that the Secretary says: "You are requested therefore to have all papers and reports typewritten and in shape for publication before presenting them to the Institute." Truly, this is wisdom. For there are still here and there, and not necessarily in the back counties, a few men and a great many women who send in papers in illegible handwriting, when the expense of having the same done over in typewriting is so small

as to be almost unnoticeable. This reminds us still further of an experience in our own activities. In the collection and arrangement of the Institute Announcement, we prepared the copy and submitted it to a printer in our city who was a stranger to us; when, then, we revised the galley-proof, we received a sharp reproof with the proof upon how to prepare copy and correct proof for printers. This, in view of the fact that we have been dealing with printers almost daily for about thirty-five years, was decidedly delicious.

The Ohio State Society.

During the early part of May this famous State Homeopathic Society held its annual session at Cincinnati amid scenes of great comfort and cheer. Dr. Maxwell of Toledo presided, with Dr. Staples of Cleveland, Secretary, and Dr. T. T. Church of Salem, Treasurer, as right- and left-hand supporters, as we used to say when we were still affiliated with the former famous S. O. T.'s. The reports coming to us through the Cincinnati papers show a good attendance, a fine display of papers, and some excellent discussions. Most of the general bureaus like surgery, gynecology, eye and ear, sanitary science were fairly well attended and given an opportunity to be heard and discussed; but poor over-a-hundred year old materia medica was put at the foot of the program, and, naturally (since people who have to pay hotel bills want to get away from that hotel as soon as possible, and also in order to catch that afternoon train) there was nobody left to listen to whatever there might have been of interest in one of the chief bureaus of Homeopathy in a homeopathic state society. A very fine, toothsome and toastful banquet had been prepared by the Cincinnati brethren at the Grand Hotel, to which upwards of one hundred and twenty-five gave attention as by first intention, with a considerable sprinkling of ladies—doctors and guests. While there seems to have been but little time to hear some of the bureaus, there was sufficient time to introduce Senator Foraker's political shortcomings into the meetings and give them a good airing; so much so that the Cincinnati papers picked up the succulent morsel, published it under garish headlines, and sent it out under the Associated

Press reports. The senior Senator from Ohio had worked and voted against the Pure Food Law, and the state society legislative committee had not forgotten it. The feeling against him was practically unanimous, there being but one solitary defender, and he afterwards admitted that he might be mistaken. Some very effective work in the way of gathering in new members was done by the proper people, since no less than fifty-one neophytes agreed to traverse the initiation requirements plus the needful. Dayton got the next annual, Dr. Overpeck got the Presidency, while Dr. Biggar nearly got mobbed because, following Dr. Buck's paper, he told the story of the pregnant wolf in which the litter of little wolflets were birth-marked.

A final conclusion to be drawn from this and several preceding annual meetings of this Society is that the banquet is proving a mistake, that is if it is the purpose of the Society to furnish medical and especially homeopathic information for its members. The program is always loaded for more than two days' work; and yet there is really never a whole day's work done. Some bureaus have invariably to be skimmed or totally neglected. After dinner of the second day, the membership is preparing to get back home. It has always paid its bill at the hotel counter and examined the railway time-tables and discovered when the next home train leaves. The morning session of the first day is a nominal one, being consumed in routine work, for which not one man in thirty cares two straws. The real session is from 2 o'clock till 6 o'clock, and next day from about 10 o'clock to dinner time—12 o'clock—in all about six hours. The night of the first day has been given over to the entertainment provided by the local physicians; and as this is always a fine affair the members do not rise next morning as early as they might. In short, if the Ohio Society wants to keep its membership in good humor, and to have other members accept future chairmanships, it must either shorten its program, add one more day to the deliberations of the Society, or cut out the banquet. The *three* horns of this dilemma are about equal. No chairman will do his best when he feels that he is likely to have all his work shifted to the last moment, and then either wholly ignored, or so hurriedly railroaded through as to lose the value of his efforts. Better a dry paper with content, than a stalled ox and no time in which to show him off.

What's the Matter with Tennessee?

From a letter received and written by a former official of the Tennessee Homeopathic Medical Society it looks very much as if the homeopathic profession of the state of the not-yet-forgotten Jabez P. Dake was most strangely indifferent and do-less. The state organization has gone to grass and not returned, and all efforts made for three or four years have proven fruitless. Are there

no homeopaths in Tennessee save the for-self-and-revenue kind? Have the homeopathic habitants of Tennessee so soon forgotten their duty and reverence to the forbears in our glorious profession who made it possible for us, their immediate descendants, to enjoy our comparative ease? Wake up, ye brethren! Get a move on you! It is a burning shame to let the grand old historic state go by default in the matter of a state society.

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Foulness in Pictorial Print.

Someone has sent us under the Post Office pound-rate a pictured journal called *The Standard and Vanity Fair* whose motif seems to be to make pictures of women in such attitudes and in such scantiness of attire as to attract most the wrong element in the male class. The *Police Gazette* in the middle sixties would have hesitated to print and publish such indecent portraiture. How this alleged journal is permitted to pass through the Post Office and to pass at pound rates is one of the mysteries of officialdom. If some fool boy or lecherous adult scribbles a doubtful sentiment on a post-card or makes an offensive picture and mails it to a lady or male, he is promptly "hung up" for it. But this salacious journalistic spawn does not scruple to print, issue, and mail as sample copies pictures which no self-respecting Post-Office Inspector would permit to appear in his family mail—not even for the grown-ups. But it is different if a journal has sufficient circulation to entitle it to second-class mail privilege.

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The California Homeopathic.

As usual under the magic touch of Secretary Dr. Guy Manning, this State Society has printed and published another of its pretty programs which gives a good many of our State Societies a cerulean optic. It is not only handsomely printed and bound, but its every page is filled with meaty papers and promises of good discussions. We had forgotten in what part of California the Hotel Del Monte was located, but were saved in our ignorance by finding it defined in the little inlaid pamphlet, "The Meissen of California," as at Monterey. Of course everybody in California knows this; but we Scythians, Goths, Vandals, and other barbarians outside of God's country are not pat on local geography. One remarkable feature of the program, at least so it seems to us, is the frequent use of the name of a dead man as actively engaged in the work of expediting and exploiting Homeopathy in California. We have the printed word of the New York Homeopathic College Alumni Record that Charles Lewis Tisdale, like our other friend, J. Richey Horner, is dead. Still we find Tisdale in this California program as Treasurer, on the Board of Directors, on the Board of Examiners, on the Committee on Legislation, and also cast in the cast for Special Information. The only

place where he ought to be, and is not, is the Necrological list. Singular, isn't it? We in the utland hear a good deal about Schmitz and Ruef and the other former great lights of San Francisco who have now fallen; but they still continue to live much to the disgust of honest and truth-loving people everywhere; while this tall giant of the Pacific Coast, this thorough homeopath is thrown down by his alma mater and is down and out. There must have been some expert proof-reading in that New York Homeopathic College Alumni Record. Somebody with an exceedingly limited knowledge of Homeopathy's principal people must have arranged that list who could include J. Richey Horner, the Secretary of the Institute at Atlantic City and prominent worker and associate editor of the *Medical Century*, as among the dead. We think Tisdale is alive, notwithstanding the alumni record, and we hope he will live long enough to lick the editor of the New York alma mater record.

There is nothing about the program as a scientific menu card that shows any deterioration over former attempts in this same line. The names are all familiar, and the subjects selected are good ones, new and up to the moment of going to press.

The *Materia Medica Bureau* has a sub-title (Including Evidence Bureau); and Clinical Medicine adds unto itself Electricity, instead of making a new bureau of the latter. We find the names of the always famous Wards, jolly Sidney Worth, the genial Boericke, Rice, Peach-bo-lo Bryant, K. O. T. M. Arndt, the stately Hawkes, Salisbury, Kapp formerly of Ohio, Crawford of the Governor's Staff of Kentucky, and A. P. Williamson who used to be of the great unter-ried, east of the State of California. But we miss son-in-law Tomlinson.

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Medical Terms in the New English Dictionary.

The new section (a treble one) of Dr. Murray's "New English Dictionary on Historical Principles" carries the work from Piper to Polygenistic, and between these words there are not a few medical terms of considerable interest. Of these we may select two or three almost at random. There is plaster, with its collateral form plaster (which has sometimes been the more common), which is thus fully and correctly defined by Dr. Murray: "An external curative application, consisting of a solid or semi-solid substance spread upon a piece of muslin, skin, or some similar material, and of such nature as to be adhesive at the temperature of the body; used for the local application of a medicament, or for closing a wound, and sometimes to give mechanical support."

In an illustrative quotation (of date 1579) we are told that "a plaster of sowre bread boyled in wine, draweth sores passing well," and in another from Burns's "Holy Fair" we read of an orthodox preacher, with "His eldritch squeal and

gestures, O, how they fire the heart devout, Like cantharidian plaisters." Poor man's plaster is one composed of tar, resin, and yellow wax; and a burglar's plaster (as defined by a newspaper of 1905) is not one for the assuagement of wounds received from or given to that dreaded individual, but is "a piece of brown paper covered with treacle, and used to deaden the sound of breaking glass." Plaster-mull, a name sometimes seen nowadays in connection with the treatment of obstinate skin diseases, is "a plaster consisting of a thin sheet of gutta-percha, backed with mull or muslin, and spread on the inner side with a medicated and adhesive substance."

Plastic, in its sense of a reparative—for example, plastic operation—does not seem to have been used before 1879; but with the meaning of "capable of being organized into living tissue"—that is, plastic lymph—its employment dates back to 1834.

A great many words beginning with platv- are defined; in them all it has the meaning of flat, as in platycephalic, platycnemic (having a broad and flat tibia), platyhieric (having a broad sacrum), etc. A surgeon, when he asks for a pleged, has probably no notion that he is using a word whose origin and early history are obscure; it may be derived from the Middle Dutch plagge—a patch of cloth, or from the Latin plaga—a wound, or it may be connected with pleach, to intertwine; but "all these suggestions present difficulties."

The "Dictionary" leaves the pronunciation of plethora somewhat in doubt; the word itself is nowadays used more often in its figurative than in its medical sense.

A large group of terms begin with pleuro- or with pneumo-. In a quotation of 1534 we are told that "they that lye in a plewrosy, thinke that every time they cough, they fele a sharpe sweorde swap them to the heart." An interesting sidelight on the past is thrown by a statement of a writer of 1744 who has "known some pleuritic persons cured without bleeding."

Pock is defined in both its meanings of "a pustule of spot," and a "disease characterized by pustules or eruptive spots." Smallpox, of course, is variola; but it is not generally known that the greatpox is syphilis. A long list of compound words (such as pock-holed, pock-marked, pock-fretted, and pock-pitted) attest the frequency of these maladies. That the "Dictionary" is well up-to-date is borne out (if proof were needed) by the remarks which appear in regard to polyclinic and polyclinic; and a writer in the *Times* of 1898 is quoted as speaking of "Mr. Hutchinson's Polyclinic—a title which, whatever it has 'come to denote,' seems an odd one to apply to an institution which will have 'no beds of its own.'" If spelled polyclinic, we must look upon it as a town or city hospital; while, if it appear as polyclinic, we may regard it as a place where many branches of medical and surgical practice are taught.

Cincinnati Chips.

On May 28th at St. Paul's Methodist Church, Pulte Medical College held its annual Commencement. The church was well filled when Dr. C. E. Walton, the Dean, gave the opening address. Dr. Harry Blackford delivered the farewell address to the graduates and the Rev. Walter D. Cole made some timely remarks. The Clifton School of Music furnished a pleasing musical program. Thornton M. Hinkle, President of the Board of Trustees, conferred the degrees upon the following: Miss M. Belle Coolidge, H. L. Good, P. E. Kerkow, E. B. Schneider, and L. K. Shepherd.

The officers of the college are: Chas. E. Walton, LL.D., M. D., Dean; S. R. Geiser, A. M., M. D., Registrar; S. A. Pauly, M. D., Treasurer; Lincoln Phillips, M. D., Secretary.

Dr. H. F. Schell, after spending several years in New York and abroad, has located with his father at 132 W. Ninth Street.

Dr. H. L. Good, Pulte '07, was successful in securing under competitive examination an appointment at Cumberland Street Hospital, Brooklyn, N. Y. His term of service begins June 15th.

Dr. E. B. Schneider has been appointed House Surgeon at Bethesda Hospital, Oak and Reading, R. I.

Dr. P. E. Kerkow is now resident physician at the Union Bethel.

The Faculty of Pulte College reorganized after the close of the school year. Dr. H. H. Wiggers was elected Treasurer vice Dr. C. A. Pauly resigned.

The following have been elected to membership of the Trustees: C. A. Hinsch, H. H. Wiggers, Andrew Henkel, Griffith P. Griffith, E. R. Monfort, and J. E. Blaine.

A new Board of Censors, consisting of the following named physicians has also been elected: Dr. J. W. Overpeck, Dr. C. O. Mumes, Dr. Harry Blackford, Dr. W. J. Blackburn, Dr. G. S. Hodson, Dr. W. M. Merchant, Dr. Wm. McBlaine, Dr. F. C. Sawers, and Dr. J. W. Morris.

Dr. A. L. Innes has built himself a cozy home in Norwood and established an office at Sherman and Main Avenues.

Dr. Glenn Adams has leased a commodious dwelling at 523 W. Seventh Street, where he is comfortably located.

Dr. Leroy K. Shepherd is practicing with his father at Glendale, Ohio.

C. E. GEISER, M. D.

♦ ♦

A New Theory of Angina Pectoris.

The very interesting address by Dr. William Russell, of Ediburgh, which is published in this issue, opens up a question of perennial interest, and throws a new light upon it. The group of symptoms which goes by the name of "angina pectoris" has long been known, but our conception of its meaning has been blurred by the vary-

ing accounts of its pathology, so that at the present time it is generally understood that the symptoms have no fixed pathological significance; that is to say, in their most pronounced form they may, on the one hand, be associated with grave organic diseases of the heart, especially with atheromatous degeneration of the coronary arteries; or, on the other hand, with nothing more serious than a heavy meal, a disordered stomach, or excessive smoking.

It is true that an attempt has been made to divide these conditions into two classes, true and false; but this is a classification which is chiefly of value post mortem, or, at any rate, after the etiology of the affection has been cleared up and its validity proved by the cessation of attacks. At the time it may be impossible to distinguish between an attack associated with organic disease and one that is purely functional, so that this classification is for clinical purposes unsound. Some years ago a young medical practitioner suffered from attacks of angina pectoris which caused him a good deal of anxiety, and for which he had consulted several physicians. There was an entire absence of any indication of organic disease of the heart, and his father, himself a medical practitioner, concurred in the view that the attacks were not really serious, as he said that at the same age he had suffered in a similar way and had completely recovered. A few years later the father, then an old man, suffered from angina pectoris, from which he subsequently died. Not long ago a gentleman of middle age, rather stout, but leading a regular, temperate, and fairly active life, complained of typical attacks of angina pectoris, but no indication of organic disease of the heart could be found; a favorable prognosis was therefore given, but a few days afterwards he died in an attack.

Dr. Russell's theory harmonizes such cases as these by attributing the attacks to an exaggeration of the normal abdominal reflex which sets up peripheral vasomotor spasm. In digestion this vasomotor spasm is normally present, but is increased by alcohol or by excess of proteid, and in certain individuals there is an abnormal sensitiveness by which it may be readily excited to an excessive degree. This abnormal sensitiveness may be induced by habitual excess of proteid food, by alcohol, or tobacco; and in those persons in whom it is present the spasm may be set up by slight strain, such as going upstairs or uphill, by emotion, or even, in extreme cases, by simple palpation of the epigastrium, as in one of the cases related by Dr. Russell. The embarrassment of the heart so caused is an impaired contractility, which may be due either to debility of the heart muscle from anatomical changes or to a temporary deficiency of the blood supply, the result of the participation of the coronary arteries in the general arterial spasm. The common factor in all cases is the hypersensitiveness of the vasomotor center, and this Dr. Russell believes is in a large

degree dependent upon poisons which are under our own control—poisons such as tobacco, alcohol, and excessive proteid food. The practical importance of this teaching, if confirmed by experience, scarcely needs emphasizing, and—taken together with the views urged by Barr in his recent address on arterio-sclerosis, wherein he insisted on the close connection between that condition and the excessive use of proteid food, and the remarkable experiments carried out by Professor Chittenden on the quantity of proteid necessary, to which we hope shortly to draw attention—suggests a wide and important field for the application of these dietetic principles in the treatment and prevention of disease.

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A Correction.

To the EDITOR:

More or less publicity has been given to the fact that the Cleveland Homeopathic Medical College was rated *below* 70 per cent. by the Council on Medical Education of the American Medical Association at its meeting in Chicago, April 29.

In view of this fact, I would like to state to the medical profession through the medium of your esteemed journal that under date of the twelfth inst. we have been advised by the Secretary of the Council on Medical Education that our college "fully deserves being placed in the acceptable list of colleges," i. e., *above* 70 per cent.

Very truly yours,

GEORGE H. QUAY, Dean.

Book Reviews.

A TREATISE ON THE PRACTICE OF MEDICINE. For Practitioners and Students. By ARTHUR R. EDWARDS, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Northwestern University Medical School, Chicago. Octavo, 1328 pages, with 101 engravings and 19 plates. Cloth, \$5.50, net; leather, \$6.50, net. Lea Brothers & Co., Philadelphia and New York, 1907.

A new work in so broad and well tilled a field as the literature of Practice may be expected to present its credentials. In the case of Professor Edwards' book they are of such character as to form presumptive evidence of its value and to give it immediate prestige. The author has for years occupied one of the most important chairs in the country, and his skill in filling it is manifested by his steadily large classes. Teaching is excellent training for the teacher himself. It enforces two essential points, perspective and clearness. Without either a large subject is befogged. The successful teacher must know how to present a picture to the mind with due emphasis on what is important, and with every item in its relative position and coloring, all being in clear and definite language. He must know his subject and speak with authority. Possessing these qualifications he will write a well-balanced book and save

time and energy for teacher, student, and practitioner alike. This our author has accomplished for all classes of readers. His book is well rounded, covering theory as leading up to and explaining facts, and never forgetting that the aim of medicine is application. Hence the practitioner will find guidance in understanding his cases and unusually full advice in their treatment, including abundant prescriptions accepted as best at the present day.

AN EPITOME OF DISEASES OF THE NOSE AND THROAT. By J. B. FERGUSON, M. D., of the New York Post-Graduate Medical School. 12mo, 243 pages, with 114 engravings. Cloth, \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907. (Lea's Series of Medical Epitomes. Edited by VICTOR C. PEDERSON, New York.)

The author has presented in concise and practical form the diagnosis and treatment of diseases of the throat and nose. He has planned the book to be helpful to the under-graduate and post-graduate medical student in gaining familiarity with laryngological work, and likewise to the general practitioner, who is often called upon to treat diseases of this region, and who needs to have the chief points in diagnosis and treatment concisely placed at his command. All these classes of readers will appreciate the systematic arrangement, the clear directions for examination, the illustrations of preferable instruments and of diseases, and the abundant formulæ for the best medication. "The Medical Epitome Series," of which this is the latest volume, will cover the whole range of medicine, surgery, and the specialties in original books written by recognized authorities, and uniformly priced at one dollar.

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Re Dr. Jno. C. Peters.

The *Medical Record* of January 26, 1907, contains a well-written letter giving somebody's reminiscences covering a given period of time and in this cycle there fall the life and doings of one John C. Peters who was born on the 6th day of July, 1819, in Long Island, and who died on the 21st day of October, 1892. This allopathic correspondent describes Dr. Peters with a faithful pen, following his life like one who had truly known the object of his writing. The writer makes this statement: "The example of a relative who was an influential homeopathic physician in the city of New York, prevailed upon the young, inexperienced doctor to join homeopathy. His social connections with many of the prominent families of the city partook of the sectarian infection which had spread rapidly on account of the persecution from which the homeopaths had to suffer at the hands of the regulars—a short-sighted and suicidal policy—secured for the cultured, witty, and refined newcomer an extensive and lucrative practice. During that period of his life he began his literary career. Between 1853 and 1856 he published books and pamphlets on apoplexy, headache, diseases of the eye, on married females, on the brain and nerves. They were

in part original, and in part adaptations of the writings of Rückert, a German homeopathist, and every one of them homeopathic. His paper on *Materia Medica* written from 1856-1860 bore the same stamp. For years he was the chief editor of the *North American Journal of Homeopathy*, the author of several works on homeopathic practice, and the leader, or surely one of the leaders, of what at that time was called a school. You may be able to appreciate the surprise both of friends and foes, when on August 17, 1861, he published in the *American Medical Times*, then the most influential weekly of the United States, his renunciation of homeopathy. Many hands were raised against him, many armed with clubs. One of the most ethical of our brethren, fed on the dogmatic rule of the code of ethics of the American Medical Association which prohibits newspaper advertising, declared he would not be satisfied until Dr. Peters would publish his renunciation in the daily papers. But he himself remained anonymous, like other cowards. That no friend was left to John C. Peters among his homeopathic colleagues is self-understood. But such was the character of that staunch and steadfast man that neither the suspicion of what was the regular profession, nor the enmity of his associates, nor the loss of a lucrative practice, swerved him from what to him was the plain duty of a scholar, a man, and a gentleman. He survived enmity, however, jealousy, and pecuniary injury, and enjoyed to his last days the profound respect of the profession."

This is a queer, sere leaf out of the past. How many are there in our ranks to-day who knew of Dr. Peters, or who read his contributions? We can imagine what a furore his renouncement of Homeopathy must have created in those early days, when a man was a homeopath almost more as a religious belief than as a matter of medicine. It must have been a sore trial to live down the accusations. But, after all, he did. He has been gathered unto his reward and there are none left to-day to say one unkind word of this former homeopathic brother. This is not only the act of Time which is said to be able to heal every wound, but it is distinctively American—to forgive and forget a former foe. Have we not a most glorious and notable, almost divine example in the present mingling of the Blue and the Gray in Memorial Decorations? Think of that noble example set at Appomattox Court House in that beautiful meeting between Grant and Lee? What greater strife was ever known in modern times than the fratricidal strife between the North and South; and yet in how short a period the acrimony was forgotten, the hatred buried, the arms and flags returned to the defeated ones, and NO indemnity required! And so with Homeopathy. It is too grand and noble to hold any of its former members in any the less love and esteem because later in life that member may have seen a different light. He is at rest, and Homeopathy has not suffered because of his desertion.

Globules.

—Dr. H. F. Staples, the re-elected Secretary of the Ohio Homeopathic Medical Society, earned his re-election by his very prompt attention to the business of this Society. He instituted a number of desirable changes; notable among these was his program of the two days' work. Here he followed the outer covering of the American Institute program, size and general appearance; and the make-up was a close second of the same exemplar. Dr. Staples is wide-awake and a thoroughly good officer and homeopath.

—From a private letter we extract the following: That the Illinois State Homeopathic Medical Association at its recently closed session had had the time of its life. That Dienst of Naperville had a fine ridicule entitled "Why I Do Not Study *Materia Medica*"; he had tablets made to suit any case, with symptoms attached. That the Hahnemann College banquet with nearly 200 tickets sold at \$2.50 per was fine, and so also was the darksome A. L. Blackwood as toastmaster. That Frank Wieland, during his response to a clever toast wittily responded to, announced the appointment of Dr. Blackwood, aforesaid, as a member of the Chicago School Board. That Dr. George Shears in his usual pleasant conversational style presented the "The Progress and Prospects of Hahnemann College." That Dr. Taylor from the Insane Joint down the state, who had just been elected President of the Alumni Association, not only toasted but roasted a few and then some. That it was a most happy and joyous occasion.

—Officers elected at Indianapolis, for the Indiana Institute of Homeopathy: President, C. P. Harpole, Evansville; First Vice-President, W. R. Stewart, Indianapolis; Second Vice-President, D. W. Weaver, Greensburg; Secretary, Sollis Runnels, Indianapolis; Treasurer, Ernest Franz, Berne. The Board of Censors was re-elected.

—We had the great pleasure of a visit from our friend Dr. F. W. Seward of The Interpines, Goshen, N. Y., only a few days ago. Dr. Seward assured us that he had no intention of cutting into the professional loaf of the brethren in Cleveland, but had come merely to look; and having done the *veni, vidi, vici* stunt, was satisfied and prepared to return to York State by next train. Before doing this, however, he came out to our parish house and cheered our country loneliness with his cheery voice, his kindly eye, his splendid homeopathy, and his resemblance to our great poet Helmuth. Dr. Seward says that in his sixteen years of sanitarium work, he has invariably found the well-indicated homeopathic remedy to act most promptly, most satisfactorily, and far in advance of the usual resortings to opiums, cocaine, and other of the modern fashionable narcotics. His talk in our den was very enlivening and opened up some of the intimate histories of

famous homeopaths of the immediate past. Dr. Seward has a fine grasp on men and policies in the homeopathic school; much more so than might be believed viewing him only from his uniformly modest and unobtrusive behavior. And there is fun in him, too.

—Dr. A. B. Norton, 16 West Forty-fifth Street, New York, takes his usual annual vacation from June 15th to September 16th. What special part of the globe will be honored and blessed by his presence this year, since he has globe-trotted pretty nearly every known trail here and abroad, deponent sayeth not. But wherever he goes he has a good time and always comes back refreshed, invigorated, and full of "sass" and vinegar. He is deserving of his annual rest. Dr. Wm. McLean will be in Dr. Norton's office daily during the latter's absence.

—Our bright and particularly good friend, Dr. Lincoln Phillips of Cincinnati, declares that the Ohio Homeopathic Society had not been in Cincinnati for fifteen years until this recent session in May. Is Dr. Phillips very sure? Our good helpmeet declares that we have been in Cincinnati twice since we lived in Cleveland, and in attendance upon the State Society. Our memory is equal witness to these facts. The first time the Society met on Fourth Street, nearly opposite the Eclectic College, in the top story of a building which was seated for some secret society, and at this meeting Dr. C. D. Crank was President. Again, later than that, the Society met farther up in the city on Race and Eighth or along about there, and it seems to us that the red-tied Walton was President on that occasion? Who knows? Is there no way of tracing out the meeting-places of the State Society?

—The red-page farce *Le Monde Médical* which is printed in English in Paris to advertise two proprietary articles on sale in several pharmacies in the United States still comes to us as an original magazine from Paris. We wonder what it costs to buy up an issue of this interesting *Monde Médical*? It must be much cheaper than printing a decent advertisement in American journals, or issuing genuine reprints in America from a genuine French medical journal. So this scarlet-hued cover-page alleged journal is permitted by our Post Office Department to fill the poor doctor's mail.

—The Indiana Institute of Homeopathy held its Forty-first Annual Session at Indianapolis, Wednesday and Thursday, May 22-23. The program as printed and published was a fine one, and we have no doubt that it was well enjoyed by all. But why doesn't Indiana take a little more interest in the American Institute of Homeopathy? There is a sad disproportion between the state membership and the Institute membership.

—"Medical Legislation and Medical Education — A Scheme of Compromise," is an editorial from the silver pen of former President of the Ameri-

can Institute of Homeopathy, Dr. John P. Sutherland, editor of the *New England Medical Gazette*. This excellent paper appeared in the May issue and has doubtlessly been read and appreciated by the principal homeopaths of the United States. We have read it carefully and weighed its suggestions; we understand their value and thank our brother for his essay in the right direction; later on as the immediate cares of the Secretarial office bear less heavily upon us we shall digest and copy the editorial with such comments as we may deem apropos. Meantime we have naught but words of praise for the scheme.

—Dr. Joaquim Murtinho of Rio de Janeiro, Brazil, has presented to the American Institute of Homeopathy through Messrs. Boericke & Runyon, Homeopathic Pharmacists of New York, a live Brazilian rattlesnake (*Crotalus cascavella*). This rare and very poisonous serpent arrived in good condition and is temporarily quartered in the Reptile House of the New York Zoological Gardens. The above firm will extract the poison from the live reptile and prepare the various homeopathic attenuations. Those desiring to make provings will, no doubt, have an opportunity to obtain a sample of the remedy. We understand also that the rattlesnake will be on exhibition at the next meeting.

—The semi-annual meeting of the Homeopathic Medical Society of the State of New York is to be held in Brooklyn, N. Y., on September 24, 25, and 26. In these three days probably one or more sessions will be given up to clinics at one of our large hospitals. The bureaus have been announced, and all are at work. The program will soon be ready for announcement. In connection with the meeting the Homeopathic Medical Society of the County of Kings will celebrate its semi-centennial with a public meeting on Wednesday evening, at which addresses will be made by Charles E. Walton, M. D., of Cincinnati, Ohio, and several other prominent members of our school. A banquet will also be tendered the visitors and the members of the State Society on Thursday to close their celebration.

—Dr. H. W. Champlin, Bloomsburg, Pa., will devote his time exclusively to special (eye, ear, nose, and throat) practice if he can secure a good man to take charge of his general practice. He writes that he must be a twentieth century graduate with one or more years of hospital and post-graduate study.

—For Sale—Homeopathic practice in a town of 2000. County seat. Collections \$2800 per year. Going to city. Address, Wm. M. Cook, M. D., La Grange, Ind. P. S.—No opposition.

The American Physician.

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The American Physician

AUGUST, 1907

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

One of the Results of Confraternity.

For some years we have been hearing of the wonderful advances made towards the solution of the lion-and-lamb question (aside from the trite gastronomical feat), as between the schools of medicine; and, as might be expected from its constant history, this anti-nature process comes to us hot from the bat of William Allen White's bailiwick, i. e., Kansas. Here, we learned, the three State medical schools in society assembled, the allopathic, the homeopathic, and the eclectic, had laid off their distinctive phylacteries; that they had now agreed to don the same general raiment, sleep in the same bed, use the same toilet accessories, including teeth brush and receiver and other things, in all such cases made and applied; to drink from the same gourd, to hang the binger of medical mysticism completely out of sight, and no longer to see the liver and moth spots in each other. And Peace was declared without any andycarnegie tribunal or Nobel prize. It looked like such a gross reversal of tradition-covered axioms: that competition is the life of trade; that if you are a Catholic you couldn't be a Protestant; that if you handled idioform you would most surely be stunk up; that we watched the progress of this Kansas experiment with bated breath and anxious eyes. We felt that the cow would eventually eat the grindstone. For despite our most optimistic efforts we could nowhere along the horizon-tal line discern any evidence of the fracturing of the medical millennium. And it did happen. That is to say, the three societies, so far as we are advised, are still meeting in the same spirit of content and happiness—indeed, their content and happiness are so pronounced that nothing worth reporting ever gets out to the outer circles—the general medical public. Well, what then happened? Why, the bell-wether of the homeopathic flock in Bill Allen's sunflower preserves, upon whom have rested for years the eyes of the homeopathic profession not only of Kansas, but of the United States—for he, this bell-wether, was

a most striking personality, a fine writer and talker, and by the same sign a successful physician—this man, who was not any of your ordinary, just everyday Institute kind of homeopaths, but one of the oil-anointed, unadulterated, blown in the glass, unrefillable, no-poultice or other adnexæ user, a refined, superfatted, 99 44-100 per cent. pure kind of a homeopath, well, sirs, this man (as we have been trying to say for the last five minutes if this torrent of words would only let us)—this man, after a season of pleasant dangling and dillying and dallying with the bo-peeps in the conjoined pasture, has sent his resignation to the homeopathic secretary, and has now adhered himself to and with the allopathic school.

No law in America, New Jersey, or Kansas, forbids a man to change his opinion, whether in religion, politics or medicine, nor even as to his nomination of liquid poison, or as to his best girl; such changes continue, indeed, they must continue in order to bring order out of chaos; and we do not blame this gentleman, who is a personal and beloved friend of ours, for taking the step he did; he was clearly within his rights. What we do deprecate is that our form of medication was fallen so low in the barometer of modern medicine and enthusiasm that it was no longer able to hold to his original fealty this educated man and physician. There is a sadly destructive spirit abroad with its little hammer, testing, knocking the most cherished beliefs; and in very many instances the geologue finds that that which from the days immemorial seemed substance when tapped ever so gently, but scientifically, crumbled and fell into irreformable rubbish. It is as true of religion—beg pardon!—of theology, as of medicine. For ages the faithful were fed upon belief and dogma. But the man with the smutty nose, the flaring torch and hammer tested the wheels of the momentarily resting train and clanged out the defect; the little hammersmith got in his peculiar deadly work and to-day but few remain so theologically sectarian as to kotow to the old beliefs! Knowledge is what the world wants. Be-

liefs are man-made, shifty, foolish and irresponsible. So we have Crapseys and other "heretics" who leave the pulpit, some voluntarily, others by the neck and crop route, because there is no other way. Is not this true as well of Medicine? General Medicine has not only changed its form of medication from the crude and the appreciable to the tasteless and agreeable, but it is actually invading the infinitesimals, for which for so many generations it lambasted and ridiculed and nailed the dripping hides of the homeops to the church door. Where this assimilation of homeopathic ideas will end no one yet knows; nor whether it will prove a benevolent assimilation, or simply a taking by force and claiming as original discovery remains to be seen. The pitiful fact remains, that something in his homeopathic associations, his homeopathic clientele, his Institute affiliation, his homeopathic literature, has convinced this former homeopathic giant that he could no longer honestly train with his former professional associates; so he took the step doubtful, or step proper, as his future must show. The great and challenging difference between this man, and a small and contemptible and cowardly horde of others, is, that he had the courage of his convictions, took the step openly and above board, and is now ready for his medicine; while the others, who have been allopaths and eclectics since the morning after they left the homeopathic alma mater, still dance when the homeopaths pipe, and eat with appetite unimpaired and unction most pharisaical at the table spread before them by the homeopaths. We admire a man who dares defend his ideas. But there is naught but contempt for him who sneaks in and out of all camps and feeds his professional in'ards with the stealings and tailings of other camps. He is worse than a mongrel. He is a jackal.

As Henry Ward Beecher said upon one occasion, "When I find any one in my audience asleep I look within myself for the cause." This Kansas gentleman somewhere got the wrong idea; there must have been prosiness and stuffiness in what was handed out to him as and for the bread of life; it may have been tinctured, as it too often is in some of our homeopathic schools, with the nihilism of the older school; or with the modern indifferentism to all forms of medication save that—if it be called medication—of the maiming and deforming knife; or of the newest discoveries in serums. For a long period there has run riot and rampant much of carelessness, of slipshodness,

of shiftiness in homeopathic teaching, and equally as much in the practice. Is it to be wondered at that the mist of apathy rises so slowly, notwithstanding the herculean efforts of our best men and women? If these flowery, spread-eagle, resolution moving and passing orators at the local, State and national societies, would can up some of their flowers and hand them around among their patients and intimates, and live them in their own practice and not rest content with their mere propagation, intellectual delivery, and subsequent embalming in some ponderous tome to be added to the other dust-collecting tomes, there wouldn't be quite so much apathy; and the instance of other good men going wrong, because of the era of devilish care-for-nothing-ism, would soon cease to be a relevant factor. There's a lesson and a—no, though we had almost said it—no, no kiss—but there is a moral in the defection of this notable gentleman; and we are not sufficiently in finance to offer any piano-selling rebus prizes of authors and makes for an early or late solution. As they say in Christian Science, take this thot with you and let it sink deep into your material consciousness. There is no other way.

*The Liberality of the Medicine Man.**

BY LEWIS PINKERTON CRUTCHER, M. D.,
KANSAS CITY, MO.

Every great principle has found or will yet find crystallization in some one human personality. The Golden Rule centered upon the Christ, Geometry upon Euclid, Gravitation upon Newton, the Circulation of the Blood upon Harvey and the Science of Therapeutics upon Hahnemann, and only as these men believed and lived that which was entrusted to them, were they able to impress upon the world the truth of their contentions. The Christ was never so liberal as to interpret the Golden Rule as it was later expressed by our friend David Harum. Euclid was never so cordial with his fellows as to admit that two and two might for the sake of friendship be made to result in five. Newton was too true to the great fact that flashed from his brain to admit for an instant that a body at the center of the earth could have weight, and Harvey's loyalty to his progeny is largely responsible for our advanced knowledge

* Read before the Homeopathic Medical Society of Kansas, May 10, 1907.

in physiology and anatomy, while Hahnemann believed and preached his fact even to the point of bitterness. And Galileo had because of terrific persecution every reason to be "liberal" and he was "liberal" to the end that he was released from prison, after which he very promptly said, "I retracted, but my contention is yet true," which utterance drove him back into the ranks of the radicals, the illiberals, the men worth while.

Let us suppose that he had for the sake of liberality, that is, to be a "good fellow," compromised with those who contended that the earth was square by giving up some of the roundness of the earth and then suppose that the square-earth-man had surrendered some of the earth's squareness, it is probable that we would now be taught that the earth is triangular in shape and that it revolves only once in a while. Galileo's infidelity to truth, had he been guilty of it, would not have changed the shape of the earth, nor its relationship to the solar bodies, and for that reason Galileo could not be liberal.

But what of those of us upon whom these mantles have fallen? Are you, am I, the embodiment of a great truth? Do we stand out boldly before the world, as the personification of any fact? Has any principle been entrusted to our care?

Are you a Christian who daily practises the Golden Rule? If so, are you not something of a curiosity? Are you a homeopath who daily practises the "Law of Similars," the single remedy and the minimum dose, together and unadulterated; if so, how much of a curiosity are you?

Or perhaps you and I are liberal and if so, just how liberal are we? The import of which question will appear to you when you are reminded that one's liberality is always a sure guide to one's loss of faith in that principle to which he has sworn allegiance, be he priest, politician or physician.

A pleasant unction for one's conscience is liberality. It is this same liberality that has greased the skids upon which a number of half-baked homeopaths have of late glided into the Old School societies, which by the way, has not as yet helped us to determine what would happen if an irresistible force should come into contact with an immovable body.

"A homeopath gone to the Old School" indeed! We would better say an allopath has gone home, for at bottom he has never been anything else. It is upon this plea of liberality that the amalga-

tors would persuade us; would lead us up through amalgamation to the point where assimilation begins, which assimilation would, to be sure, but end in annihilation.

But let us be liberal for a moment and observe the result. We are now told that it is desirable that each school give up some of its contentions, that a union may be effected—let us see. What have you to exchange for my belief in the Law of Similars? Why, my disbelief in it! Or what have you to trade for my belief in the single remedy? Why, my lack of belief in it! Thirdly and lastly, what have you to offer for my belief in the minimum dose? And the answer comes back, "My disbelief." Then having compromised you have traded the positive for the negative, something for nothing. Your birthright is gone and you nurse a cold mess of potage.

You are asked to surrender a sacred trust, to renounce an evident truth, to forswear your heritage and in return to become an infidel in medicine with an outraged conscience and a superabundance of meaningless liberality.

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Post-Graduate Work in London and Paris.

BY C. L. HANDCOCK, M. D.

It has been my privilege to spend the last few months of 1906 at post-graduate work in London and in Paris, and a few notes on this subject and on the latest advances in surgery may prove of interest.

Owing to the vast number of hospitals in London and the long distances which separate some of them from each other, it is by no means easy for a stranger, with limited time at his disposal, to compile a programme of work, and to cater for him various post-graduate associations and courses have been formed. The largest of these is probably the "London Post-graduate Association." This association has its headquarters on the Thames Embankment, and is apparently managed by a young lady, upon whom the post-graduate has to call. She duly scrutinises his credentials, and if satisfied will, on the receipt of ten guineas, present him with a ticket entitling him to attend the practice and lectures of nine general and five special hospitals, and also with a programme showing the hours at which the various honoraries attend these hospitals. This ten guineas is absolutely wasted, as the best general hospitals make a post-graduate extremely welcome without

a fee, while the best special hospitals are mostly outside the ring. At one large hospital the spectators are allowed to sit in a gallery 15 feet above the theater, from which it is shut off by a glass frame, so that a spectator has no chance of following what is taking place below. One visit usually suffices. The man who wants to learn is out of place there, and he strikes this item off the association's menu card, and wishes that he had his ten guineas back.

The special departments of the big hospitals, carefully selected by the Association, are also useless, as the patients are so few. To see the best special work one must attend the special hospitals in each subject, and pay the fee of two or three guineas to each hospital for three months' attendance; for in London, with some bright exceptions, dog is most careful to eat dog, and on your second or third visit the secretary is down on you for the fee. In Paris, all is different. The visitor is welcome at every hospital and at every operation, and Paris's greatest surgeon will even ask you to assist at operations in his private hospital. But work in Paris begins at or before 9 A. M., and is over by noon; while in London one can put in the whole day at work, from 9 A. M. to 6 P. M., and a short stay in Paris demonstrates that Paris has nothing to teach London in surgery.

The visitor who desires general surgery in London should by all means attach himself to "Guy's," where he will receive a kindlier welcome than at any other hospital, and where he cannot fail to notice the esprit de corps which marks the men of Guy's. At no other hospital will he see the busy honorary surgeon stand by and instruct his senior students as *they* perform the operation. Nowhere else will he find the dressers, clerks, assistants and house surgeons invited to dine at their honorary's house when their three months with him have expired. At Guy's they make the visitor one of themselves. Here one cannot fail to be charmed with the magnificent surgery of Mr. Golding Bird, his fatherly interest in his students, and the sound common sense which he drills into them. Here, one is impressed by the calm and quiet work of Mr. Arbuthnot Lane while he removes the colon from a lad of 19 to cure constipation and unites the ileum and the sigmoid by lateral anastomosis, or by his clever manipulation by which he removes some inches of the rectum for malignant disease and brings the ends together, restoring the continuity of the

tube. At Guy's fractured bones are not "set"—they are united by small steel plates. Here, also, one sees sterilized goldleaf used in abdominal operations to prevent adhesions, apparently with satisfactory results.

The weakness of London is in its operative gynecology, and one may attend the general hospitals and never see a hysterectomy or the removal of pus tubes. This is admitted, but it is claimed that English women are so extremely moral that they never have diseased appendages. Perhaps so; but English is spoken in Piccadilly by night as well as French and German. Much of London's gynecology is done in small rooms in the big hospitals, away from the view of spectators, and never likely to be found by post-graduates. In Paris one can see ten hysterectomies daily. If, however, one is fortunate enough to gain admission to the Chelsea Hospital for Women, one can see at the hands of Mr. Bland-Sutton and Mr. Giles some of the finest operative gynecology of the day; but this hospital is semi-private, and is not in "the ring."

Mr. Lane's removal of the colon has attracted much attention, and is looked upon as being too heroic; but if Metchnikoff is right, and the colon is merely a useless heritage from our animal ancestors, serving only as a store and breeding place for countless millions of bacterial flora, from which their products enter and poison the system, Mr. Lane is simply ahead of his time, and doing for the individual what nature is too slow in doing for the race.

Mr. Lane's operation for cleft palate, performed the day after birth, is not universally accepted, but, as an operation, his wonderful manipulation makes it a success.

Mr. Barker, at University College Hospital, operates with spinal analgesia produced by stovaine. The patient talks to the assistant during the operation, and is quite unconscious that anyone touches him; but though no bad results have followed, spinal analgesia has not "caught on" in London, and shows no sign of superseding general anesthesia.

St. Peter's, Henrietta Street, attracts men from all parts of the world to witness Mr. Freyer's marvellous dexterity in urinary surgery, and one sees the prostate outside the bladder in 3½ minutes from the beginning of the skin incision. The operation, in Mr. Freyer's hands, is simplicity itself, and gives excellent results.

The Throat Hospital and Central London Hos-

pital give splendid teaching, and have no connection with any post-graduate association. Here, one sees Killian's operation constantly done; while Mr. C. J. Heath's mastoid operation, which does not remove the ossicles, rupture the membrane, or interfere with hearing, is rapidly coming into use and superseding all others.

In operative technique there is not much to notice, except that animal sponges and absorbent cotton swabs have long since disappeared, and that the swab and sponge are applied by forceps, never by the hand. Surgeons, assistants and nurses, all alike, wear rubber gloves. Lavage of the abdominal cavity is a thing of the past, packing off and sponging being relied upon; and, provided there is no bleeding point, a little blood left in the abdominal cavity is considered of no importance.

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Dietary for Children in Health from Three to Six Years of Age.

BY H. M. CHAMPLIN, M. D., BLOOMSBURG, PA.

Statistics show us that an increasing proportion of children are surviving the dangers of infancy and attaining adult life. This is due largely to the attention given by the medical profession recently to scientific feeding during the first two years of the baby's life. After the second summer the family physician has but little opportunity to advise in regard to food for the child, though the need for careful feeding has not ceased. It is to reach these cases that I have prepared the following dietary for use in my own practice. In preparing the lists of foods allowed and forbidden I have consulted the best and latest authorities on the subject, who will share with myself the responsibility of the advice given.

The restrictions of this dietary may to many seem unnecessary and undesirable; nevertheless it allows a sufficient variety of unquestionably wholesome foods, and the writer assures you that to deny the forbidden list will prevent many ills not only of childhood but of later life. The ill effects of unsuitable foods are not always immediately manifest, nor are they limited to disorders of the digestive system.

Irritability and peevishness of children are chiefly due to indigestion. Susceptibility to various diseases and their severity are often due to bad food. Such diseases as eczema, rheumatism and typhoid fever are often the result of the pro-

longed use of improper food. The dangerous diseases of middle life, as tuberculosis, Bright's disease, and diabetes, often have their foundation in the mismanagement of children.

FOODS ALLOWED.

Milk.—About one quart daily, preferably warm. Cream, best mixed with milk, cereals, or broths.

Eggs.—Eggs may be given raw, soft-boiled, poached, scrambled, or omelette. Though a valuable food, not more than one should be given daily, and that not for any considerable number of consecutive days. Toast and dry bread should be eaten with eggs.

Broths and Soups.—Meat broths are wholesome and nutritious; arrowroot, barley, or rice may be added. Meat soup with a small onion, tomato, or celery. Oyster broth with milk.

Meats.—Meats should be given once a day. The best forms are broiled beefsteak, rare roast beef, and lamb. The next in value are chicken and fresh fish.

Vegetables.—Potatoes should be allowed once a day, preferably baked, with cream and salt dressing. Of the green vegetables asparagus, spinach, stewed onions, stewed celery and fresh peas are allowed. Rarely tender string beans and green corn.

Cereals.—Thoroughly cooked cereals constitute a substantial part of a child's diet. Oatmeal, wheaten grits, hominy, cornstarch and rice are representatives of this class. Milk and cream should be used with cereals, with sugar in moderation. Bread, preferably whole wheat, may be used at nearly every meal.

Desserts.—The only desserts allowable are baked apple with cream and sugar, junket, plain custard, rice pudding. Ice cream in small quantity may be given twice a week.

Fruits.—Apples, berries, peaches. Fruits should be given every day with meals only. Acid fruits are best taken at breakfast or dinner when meat is used. All fruits should be thoroughly ripe and fresh. Fruit juices are often allowable when the whole fruit is not.

FOODS FORBIDDEN.

Meats.—Ham, sausage, pork in all forms, salt fish, corned beef, dried beef, goose, duck, liver, meat stews, dressings from roasted meats, cooked oysters. Use no condiments except salt.

Vegetables.—Fried vegetables of all kinds, cab-

bage, potatoes (except roasted or boiled), raw onions, raw celery, radishes, cucumbers, tomatoes, turnips, beets, egg-plants, rhubarb, salads, canned goods.

Bread and Cake.—All hot bread and rolls; buckwheat and other griddle cakes; all sweet cakes, particularly those heavily frosted or containing dried fruits.

Desserts.—All nuts, candies, pies, tarts, cheese, pastry of every description.

Drinks.—Tea, coffee, soda water, alcoholics. Children take water freely as nature dictates; if it is allowed in sufficient quantity between meals not too much will be taken at meals. It should never be ice cold.

Fruits.—Canned and preserved fruits, jellies, bananas; unripe, overripe, and stale fruits.

Sugar is an essential article of food for children. Pure cane sugar confectionery (something almost unknown unless home-made) may be allowed at meals only.

Foods should be given in the greatest variety possible within the limits of those allowed. But few kinds should be allowed at each meal, but the change should be as great as possible at consecutive meals. Foods other than those allowed herewith should rarely appear on the family table.

Important as the foregoing rules are, I would not recommend that children be unduly burdened with rigid rules or that their health or ill-health be a subject of constant remark. It may be better to gratify the child occasionally than to always deny an ordinarily prohibited food.

Children engaged in active open-air life can use foods not allowable for those much confined to indoor life.

Children should be taught to eat slowly and masticate thoroughly. No food should be allowed between meals. Four meals daily should be given up to five years of age. Never force a child to eat against his will; examine the mouth and throat, also the food, to determine the cause.

In hot weather the quantity of foods should be reduced; water and fluid foods should be increased. In acute illness reduce and dilute the foods or discontinue entirely until the attending physician gives specific directions.

In chronic affections nutrition is highly important and suitable feeding is very helpful to the medical treatment.

Diseases will be less complicated and the medi-

cal treatment simplified in all cases where the suggestions of this leaflet are observed. Much of the old-time treatment, which seemed necessary and helpful, will be uncalled for.

Children are more susceptible to and affected by influences healthful and unhealthful than adults.

Children have a keener sense of taste, with stronger likes and dislikes, than adults, hence the importance of food being palatable.

The child has its life for good or bad before it, hence the greater importance of its physical and moral salvation than that of one in the decline of life.

A healthful diet in childhood and youth means almost surely freedom in adult life from that greatest of all American complaints, indigestion, which is the basis of so much of our sickness.

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Reflections.

BY JAMES S. SPRAGUE, M. D.

It is well for every one to avoid worry; he will live longer, for, "There are so many gods, so many creeds, so many ways that wind and wind," and although we have control over many diseases, many are placed under expectant treatment, and through nature and the good-will of Divine Providence many so-called visitations of the said Providence will bring back to health nine-tenths of those who have typhoid fever, assisted or not assisted by other than most ordinary care, and with or without antiseptic observances—fresh air and cleanliness, of course, to be well supplied. Doctors, since the introduction and universal use of the thermometer apparently consider it unnecessary to think, as did the old-time doctor, in order to properly study symptoms. Therefore it is fashionable not to think; yet if you must think, certainly it really is unwise to tell one what you think, for if your hearer thinks or does not think as you do, certainly you are losing much time and breath, and his views will be such as he always held, and your views will be so imperfectly interpreted that you never will be thanked or considered any wiser. Even if you are, or are considered to be, "A gigantic genius, fit to grapple with whole libraries," it is always best to listen unless you are a lecturer.

Cato, who lived 95-46 B. C., tells us "I think the first virtue is to restrain the tongue; he ap-

proaches nearest to the gods who knows how to be silent, even though he is in the right."

In fact, it is well not to have any decided views. They may change to-morrow, and as a rule they occasion not only distress to you, and too frequently to your friends; many who have had many or few fixed ideas have too often been crucified. In fact, it is far better to take everything and anything as it comes than to act, or to appear to act, the reformer; such will save a lot of worry for yourself and friends. It also is not a bad idea to be just as you are, for the other fellow is not giving such work any study, and certainly he has as many followers and is considered equally as wise as you, even wiser. Do not attempt to have any personage as your ideal or model; be different in many ways, and as little as possible in any one way; it will tire you. It is contrary to nearly all teachings to do wrong in preference to doing right, yet the fellow who is doing such work is the one who sits among the elders on the front seat—near the horns of the altar; and while comparing notes, quietly recall the following, "and thank God you are not as other men":

"Full many rogues have honest faces,
And lightly trip their Sunday paces,
But yet these pious broadcloth types
Full oft should wear a garb of stripes;
And, heavy fettered, trip as well
The lock-step to a prison cell."

Brother, "Gentler pirates never scuttled ships."

Very many have tried to make their mark, and the roadside to the Temple of Fame is well lined with their graves; and if you are lucky in getting a mark it will be known to but very few, and in a very short time the mark will not show—certainly you will expend a lot of useless labor. It will be as well to hug old habits and resolutions, it is economical; besides it is worrying to halter-break new ideas; let some other fellow adopt changes and you will sleep better.

If it is necessary to have a consultant, just watch his every movement, his every word, in fact, keep your eyes and ears open, and regard him with the same caution as you would a recognized thief whom by accident you allowed to see your open safe and its combinations.

It is advisable to know as little as possible, and if so unfortunate as to have read very much you will in some unguarded moment say too much and you will be regarded as a bookworm and the possessor of no original ideas; for people want

originality. What say you to the adoption of these rules, even now? It is of no use to bother, anyway, and, as stated, no use to study, for if you study you will have spells when you think you must "let your light be seen," and nine times out of ten what you gave for publication will be the result of very mature study and consideration, and the chances are many that if the truth of its reception could be received it would be found that it would appear as a tale that has been told to many; to others it would appear as not worth considering; to few it would be a treasure, and to the many indifferents in medicine a mine from which many proofs, even denials, endorsements and discouragements can be selected and disarranged to serve non-ethical interests. Thus, if we must obey the silent monitor, to write, let him "write down the vision and make it plain upon tables, that every man may read it fluently," and if a patent medicine is to be lauded, it will be well, certainly, that you name something to that effect in the title of your article. It does make every honest man among us kick his shins and encourages all the furor of our animal nature to do the same more completely to the sneak "ad." writer, or the paid so-called professor, who writes that slop stuff recommending so-and-so (Brown), so-and-so (Jones), etc., and other delusive, purely quack compounds did so-and-so.

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Some Ear Cases.

BY ARTHUR A. BEALE, M. B., C. M.

Case I.—E. F., aged 32, January 17, 1907. This patient was a bright-looking girl, who had previously followed the occupation of dressmaking at Peter Robinson's, but owing to business worry four years ago had a breakdown which affected her eyesight and started serious frontal headache, described as neuralgic in nature. She had very serious deafness, worse on right side, which greatly inconvenienced her, and tinnitus resembling "the rushing of the sea" (this trying symptom had been her constant companion for seven or eight years). There had never been any discharge, and pain nil.

The watch test showed on the left, 4 inches, air conduction +; on the right side, 2½ inches, bone conduction +.

Examination discovered on the right side membrana tympani pearly white, thickened, and the

cone of light broken; on the left side, more or less normal in appearance, but slightly retracted.

Treatment.—In all these cases I find a regulated diet most helpful, and in this case I ordered wholemeal bread, milk, fruit or greenstuff or porridge for breakfast. Meat and vegetables, or fish or poultry, varied with a vegetable soup, for dinner; and a third meal with wholemeal bread and butter, fruit, or milk pudding, and occasionally meat or fruit, for about 6, at the same time cutting off what I have invariably found harmful: strong tea, coffee, spirits and malt liquors, salted fish and meat, confectionery and pastry, and all sweet and sugary things, together with white bread.

Regarding medicines, all the symptoms indicated ferr. phos., and as there had been a clear history of anemia I decided on ferr. phos. 6x. Politzer's bag used.

January 21st.—No noises; says hears better; no headache. Continue ferr. phos.

January 28th.—Has had no noises till yesterday, when they returned slightly. Watch test, right 8 inches, left 7 inches.

February 4th.—Headache better; no tinnitus. Politzer. Continue ferr. phos. 6x.

February 11th.—Noises and headache returned for a time; hearing better; right 18½ inches, left 27½ inches. Repeat.

February 18th.—Says much better, noises gone, thinks hearing better. Watch, right 27 inches, left 32 inches. Politzer. Continue ferr. phos.

February 25th.—Says very much better, has had no noises since 10th; no headache, feels better herself. Watch, right 38 inches, left 52 inches.

On examination the right membrana tympani almost transparent. Cone of light normal and unbroken, the malleus handle slightly prominent. Left side not so transparent but healthy. Continue ferr. phos.

March 11th.—Has had a cold, probably influenza. Watch shows depreciation of hearing, right 21 inches, left 19 inches.

March 18th.—Recovered hearing. Watch, right 38 inches, left 52 inches.

May 6th.—Feeling very well, no return of headache or noises; health excellent. Continue ferr. phos.

All through this patient has had the one medicine, ferr. phos. 6x, and we are both satisfied with the result.

Case II.—W. C., school teacher, aged 26, came

to me on December 17, 1906. Has had chronic suppuration of ear; now is dry. There is a perforation in the posterior lower quadrant which shows signs of healing. Complains of pain behind ear. This patient was put on a diet similar to Case I. Capsic. 3.

December 31st.—Since coming the pain behind ear better, but has had great pain in the ear itself. The meatus is full of curdy pus; there has evidently here been a history of fresh suppuration and bursting of the membrana tympani. Bell. 3x.

January 17th.—No further discharge.

January 31st.—Meatus quite clean and free from pus. There is a large opening in the drum-head. Continue bell.

February 14th.—Has had more pain and tinnitus. Sabadill 3.

February 28th.—Has had much discharge and consequent deafness. Boric powder inflated, and for medicine mer. cor. 3x, t.d.s.

March 21st.—Less discharge, but has throbbing headache. Bell 3x.

April 18th.—No more discharge, no pain for a long time, though still has headache. She complains of rheumatic pains. Bryon. 3x.

April 25th.—Very much better; no headache, no pain, no discharge, hearing excellent. Membrane clean and healing.

Case III.—V. C., aged 20. Sister to above. Also came to me on December 17th, complaining of discharge from left ear and deficient hearing; has constant headaches, worse in the evenings, which felt like knives cutting from vertex down through the temples.

Watch test: right normal, left only on contact. On examination, the membrana tympani shows thickening and granulation with perforation. Ordered inflation of boric acid powder and calend. Arsen. iod. 3x, t.d.s.

This patient showed also general weakness, lateral curvature slight, and heart sounds muffled. Diet similar to the last.

December 20th.—No discharge. Watch on left side 6½ inches.

December 31st.—Very much better, no discharge. Watch heard, left 9¾ inches. Repeat ars. iod.

January 10th.—There is still the appearance of granulations, but no discharge. Hearing, left 18 inches. Politized.

January 17th.—Feels better, health very much better; heart sound normal. Watch 26 inches.

January 24th.—Hearing, watch 28 inches.

January 31st.—Still progressing, no discharge.

Repeat ars. iod. 3x.

February 14th.—Watch test, 40 inches.

March 21st.—Has had throbbing headache at back of head and pains behind ear. Bell. 3x, 4 t.d.s.

April 4th.—Headache gone, hearing quite recovered. Repeat arsen. iod. Still under treatment.

I attribute a great deal of the good results in these cases to the regulation of diet, and especially the cutting off of saccharine and ultra-starchy food, as white bread and confections. If the cases were very persistent I should feel great confidence in restricting the diet to all meat for a time, as a complete or modified Salisbury; this is not often necessary in these cases.—*British Homeopathic Review*.

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The Strength or the Dose of a Medicine for its Homeopathic Use.*

BY S. GOSWAMI, M. D.,

A subject much discussed and dwelt upon by worthier brains in different parts of the world has been allotted to us by our worthy president for this evening's discussion—The strength or the dose of a medicine for its homeopathic use.

It would be fruitless for us to attempt to explore any new theory over those already laid down by our great predecessors, as futile all such attempts have been; and while yet guided by the power of reason, it only suggests to us that the question of dose is but subsidiary to the law of cure. Subsidiary no doubt, yet it constitutes no inconsiderable part among the factors required for effecting a cure.

"The suitability of a medicine for any given case of disease does not depend on its accurate homeopathic selection alone, but likewise on the proper size"—(Sec. 275. Org. of Med.). Now the question suggests itself—what then should the potency be of a remedy to effect a sure, gentle, and permanent cure?

Here we cannot but leave our subject for a moment and say a few words regarding those who make that horrible and unpardonable confusion in the use of the two words potency and dilution.

Are our homeopathic remedies mere dilutions of the substances they are made of?

It ill becomes a man who styles himself a homeopath to term the potency of his remedies as dilutions thereof; if there is a want of a synonym for the word potency, better choose strength or attenuation, or dynamization; but dilution is not the word for it. Surely the force originated in the process of potentizing gives a dynamic power to the substance which no mere division and subdivision could give.

To go back to the subject—what then should the proper dose be? This is a block where many stumble, and this is a point over which others fight. How often we see here at home, as we have seen abroad, one holding the flag of high potency alone up high, and another religiously sticking to the low and carefully avoiding the high. They fight doubtless for the cause of what each thinks is right, each trying to correct the other, but often at the cost of that which is their common cause—homeopathy. To us it seems that there can be no hard and fast line pointing to this, and that each individual remedy, in each individual potency, has its own place. The physiognomy of the patient, his station or rank in life, the nature of the malady he is suffering from, the climate he lives in, and factors similar are no doubt helps accessory to the verdict of experience; and keeping the axiom—the smallest and the simplest is best—before us, we must always try to minimize the dose as far as possible and reduce it to such an extent that after its ingestion it shall excite a scarcely observable homeopathic aggravation in the patient and no more.

These are but few of the points which we have only been able to touch upon, but there still remains a vast roll of others, such as repetition of doses, the term of action of different potencies and others, which we leave for our most learned colleagues to discuss and enlighten us all upon.

—A doctor's reputation may be easily ruined by his inserting his right index-finger one inch too far.

—"Huhmeraugen" is the humorous title of an article on hard corns. This was copied from the *Intern. Jour of Therapy*. It goes to show one of two things: Either there ought to be a more lynx-eyed proofreader or else the linguistic editor should buy a new polyglot dictionary. The word quoted should be "Hühneraugen" and is literally "hen's eyes," a German name for corns.

* Read before the Calcutta Homeopathic Society.

Hyoscine, Morphine, and Cactin Anesthesia.

BY W. C. ABBOTT, M. D., CHICAGO, ILL.

In the May number of the *AMERICAN PHYSICIAN*, after quoting from an editorial in the Eclectic Medical College on this new anesthetic, my friend Dr. Kraft asks the question: "Does it render the patient unconscious?"

Let me premise my remarks with the statement that I am considering nothing excepting the anesthetic tablets containing absolutely pure hyoscine from hyoscyamus, likewise pure morphine, and cactin which is especially prepared for these tablets from cactus, obtained by an experienced collector, from plants growing under a tropical sun, gathered at the time of their greatest therapeutic efficacy. The reports upon these tablets are so uniform and so numerous that I feel entitled to speak with confidence. Whether other preparations give like results, or otherwise, is something I have no right to express myself upon. My views are made up from my own experience, and from hundreds of reports from the field; whose extent may be inferred from the fact that during the last five months 750,000 of these tablets have been placed in the hands of the profession.

You ask whether they produce unconsciousness? That is not exactly the reason for which they are administered, this being the production of analgesia. The effects are not exerted on all persons alike. In many cases the tablets are employed in moderate dosage, to destroy the sense of pain. This may be done with the tablet alone or with the aid of a minute inhalation of chloroform, infinitely less than would do this without the tablets. In many cases, especially when pushed to full action, the tablets alone or with chloroform render the patient completely unconscious, so that prolonged surgical operations of the greatest gravity are performed without the patient's knowledge. It is a common observation when patients awake, after the long sleep which follows, that they should inquire when the operation is to be performed.

Many singular occurrences appear in the reports before me. One surgeon says that during a prolonged operation the patient carried on a conversation with him throughout, talking so incessantly that he threatened to chloroform her if she did not keep still. Nevertheless she experienced no pain whatever. Others tell of women

in childbirth raising their heads to watch the birth of the child, this being absolutely painless.

In a number of cases the patient by cries and otherwise seems to indicate the presence of pain, yet has no recollection whatever of it on awakening. In fact, Gauss, who has reported 1000 cases of childbirth under the influence of pure scopolamine and morphine, expressly forbids the regulation of the dose by the patient's cries, as liable to induce overdosage. He shows the patient some object, and each half hour tests her memory of it. As soon as she fails to remember the object shown her last, the anesthesia is pronounced sufficient and no more is given until memory returns. Subsequent questioning shows that notwithstanding her cries no suffering is recollected. Gauss considers that by thus destroying the knowledge of pain during childbirth, the greatest value of this anesthetic is secured, as preventing the mental and psychic injuries which later exert such a disastrous effect in the production of nervous and mental disease.

It will thus be seen that a reply to this query leads us into a discussion of considerations of wide extent. In the meantime, my personal advice indicated that the field for the employment of this remedy in surgery is small, as compared with its use in obstetrics and medicine.

There is scarcely an operation in major surgery for which many patients have not been successfully anesthetized by this method, with and without chloroform. Its place has been especially found in accident cases, where the surgeon has had to work without assistants or conveniences, doing the best he could under the circumstances. One injection usually puts the patient so at ease that his fracture or dislocation may be manipulated, or wounds dressed, without any pain whatever. All fears of operation and objections to the surgeon's doing what he considers wise disappear; he is not distracted by the cries of one patient while attending to another; if there are fifty injured all may be quickly put at ease; and the means may be easily carried in one little vial!

This combination seems to act as a whole rather than by its components. The writer has twice used it to relieve excruciating neuralgic pains in patients formerly addicted to morphine, without arousing the craving for that drug. One tablet gives more relief than huge, narcotizing doses of morphine, or delirifacient doses of hyoscine.

Cactin exerts no analgesic or anesthetic effect alone, yet increases these effects of the other two ingredients.

The most astounding fact about this thing is the apparent safety of the remedy. I have given you some hint as to the enormous number of these tablets going to the profession. You know the profession—that among our ranks are many grades. To all classes, all sorts and conditions of doctors, goes this tremendous therapeutic force; it is being administered to all sorts and conditions of cases, with a recklessness that makes our hair stand on end; and yet there has not been reported to us a solitary death, obviously or plausibly attributable to the remedy.

What does it mean? Are the slurs on the American physician unfounded? Are we all perfect anesthetists, all surgical wonders?

The Old Guard.

BY J. D. BUCK, M. D., CINCINNATI, OHIO.

One by one the Old Guard's passing,
And the ranks are growing thin.
Few now answer to the roll call
Where they once were mustered in.

One by one they left their places,
And in peace lay down to sleep.
Grand old soldiers! as their faces
Turn toward the mysterious deep.

Each had fought a thousand battles—
Batteries masked and foes concealed—
Yet they never feared nor faltered,
Saving life as wounds they healed.

There was Blair, and Barnes who left us
For the sunshine of the west;
Long ago they both departed
For the regions of the blest.

Wilson lingers in the autumn,
Mellow haze and slow decline;
Dear old S. R. Beckwith left us—
Heart as mellow as old wine.

Saunders, tall, and wise and stately,
Lingered long like setting glow,
But at last, he too departed—
Joined the ranks where comrades go.

Harking back, I hear the roll call:
Only two or three respond,
And the sentinel is silent,
But the bugle calls beyond.

By and by, beyond the river
The old guard will rendezvous;
And will hold a grand reunion,
All these comrades tried and true.

The Treatment of Dysentery.

BY J. CALL WEDDELL, M. D., SUNDERLAND.

After perusing a recent article on the above subject in the *International Medical Review*, by Professor Plehn, of Berlin, I was struck with the cumbersome and laborious treatment suggested by him, and was led to refer back to one of my old case-books, to see if we could not produce results better, both as to time and recoveries, by homeopathic medicine.

The notes, which I have copied hereafter, justify, I think, my expectations, but it may not be uninteresting if a few quotations are made from the article in question to demonstrate what strides (!) are being made by members of the "Regular" school of medicine in this twentieth century.

First, he begins by stating that the two forms of dysentery "being a matter of localized processes in the intestine," produced by amoebae (*A. histolytica*) in the one variety, and bacilli in the other, "there are points of view common to both diseases regarding the treatment, the first aim of which is to destroy the cause of the disease by disinfecting the intestine." To carry out this object *calomel*, in heroic doses of thirty grains even, is employed in hot climates where the disease prevails. I remember, about thirteen years ago, being assured by a Medico from the West Indies that this was the one and only way of curing cases out there. Professor Plehn adds, "It is self-understood that cases of poisoning were, and are still, of no rare occurrence, especially when the prompt relief of constipation is neglected." Who can doubt it? The much vaunted *ippecacuanha*, it would appear, has had to be deprived of its emetic properties, and even then is conspicuously uncertain in its effects. So also *simiruba*. So, in despair, he harks back on *calomel*, for "according to our own experiences, *calomel* still remains the most effectual disinfectant of the intestine." (!) Two tablespoonfuls of *castor oil* are administered to start with (he does not say whether repeated if not retained), then, after the effect of the oil has become evident, half a grain of *calomel* is given every hour for twelve doses—the patient is allowed a respite during nights—and this is repeated the two following days. The pain and purging are relieved in from twenty-four to twenty-eight hours in recent cases. "Perhaps this is explained by the fact that in exterminating

the parasites by means of the sublimate formed by the *calomel*, the irritating formation of toxine is limited or may be done away with." The cure, however, is not yet completed, the patient must be kept in bed for three weeks at least, and during this time grs. vi. of *subnitrate of bismuth* given every hour, and a strict diet enforced.

The *bismuth*, he asserts, does not produce intoxication, and a recently recorded case need not be taken as a criterion, for in it the "comparatively enormous doses" were given, in a very short period of time, to a child "for the purpose of applying Röntgen-rays to the digestive organs." (Great Heavens!) The small doses of *calomel*, however, he admits, do not infrequently cause a stomatitis, which is occasionally troublesome. After discussing the attempts "to effectuate disinfection of the intestine" by injections by the anus of *boracic acid*, *salicine*, *quinine*, or *nitrate of silver*, he has the grace to say that the injections must be regarded as distinctly dangerous, as peritonitis by perforation is one of the most frequent causes of death, and on that account he has now abandoned the rinsing, and does not regret having done so.

As habitual atony of the intestines follows the mode of treatment he advocates, and frequently lasts for a long time, Karlsbad salt is called into request, so that the patient has altogether rather "a good time of it."

Touching Serum.—The "Specific Serum Cure" can only be considered in cases of dysentery from bacilli, since protozoans (*amœbæ*) do not form an antitoxin of the usual kind, and Shiga's Serum, which in Japan is said to have reduced a death rate of 40 per cent. to *nil*, in the Philippines utterly failed (probably because an alien bacillus was at work, and "was not having any"). He very naïvely says: "In short, concerning this subject, problems, interesting as well as proved by practice, have still to be solved." So to sum up the most recent treatment here advocated, there is nothing for it but to disinfect the gut from end to end. *Calomel* may produce poisonous effects when given in large doses; to prevent this, purge; smaller doses are more effectual when continued for three days (the bowel being previously thoroughly emptied by an ounce of *castor oil*); true, troublesome stomatitis frequently follows, but that is a mere detail. Then habitual atony of the intestines also results, but can be got over, in time, by the continued use of Karlsbad salts. So the simple mode of procedure is this: First flush your

main drain, thoroughly disinfect, then apply a thick coating to the interior that will last some time, and meanwhile keep on flushing: Result—

By way of contrast, the following cases from my notes may be interesting, first as illustrating an example of an ulcerated condition of the large intestine (Lösch) resulting, probably, from *amœbæ* infection.

CASE 1.—November 1st, 1895.—R. N., aged 49, a steady man, of small, spare build, but wiry, works as a joiner in a ship-yard on the riverside; states that during the last twenty years he has had dysentery eighteen or nineteen times, *i. e.*, at the changes of the season it begins, and lasts, as a rule, five or six weeks or more; he is never without diarrhea, stools average nine a day and are very urgent from 3 to 4 a. m. He is always thirsty, water, when drunk, "runs through him." He is not always pained, but when he is so it is before motions, across the bowels, occasionally cramped, feet and hands generally cold, urine plentiful and pale, appetite good, sleeps well. Had eczema up till 17 years of age. *Rumex crispus* 5x, two hours.

November 4th.—Much improved, bowels now only act once a day, motions formed, has not been disturbed the last two nights. Calls himself "quite well."

N. B.—I attended him twice during the next eighteen months for dysentery, when there was much tenesmus and bloody stools, and on each occasion *mercurius corr.* 3 put a stop to it, and he was again at work within the week (being a Lodge patient, this speaks for itself). He has now been without an attack, to my knowledge, for the last ten years, and seldom gets diarrhea, either.

The following cases are of the other type and were evidently catarrhal.

CASE 2.—September 28th, 1895.—J. M., aged 11, had been playing football after school, the day being intensely hot, and had not changed his clothes. After going to bed had several rigors, and awoke in the early morning "doubled up with pain in the bowels," soon after which he vomited, and was purged. The pain continuing, his father every half-hour administered *aconite*, but the lad was soon delirious, passing motions, involuntarily, and when I was summoned, in the early morning, I found him racked in pain, tossing about in bed, very thirsty, pulse 130, temperature 105°, headache, with white fur on tongue, which was dry in center, and fetid

breath. He had just vomited a little watery fluid, and had also passed a motion in bed, chiefly slime. His abdomen was distended, hot and tender. He had been taking soda water and milk, but had rejected it. To have *baptisia* 1x, every hour, alternated with *aconite* 3. On my evening visit his temperature was 99°, vomiting had ceased, but not the pain and thirst; the bowels had acted about hourly, chiefly blood and slime passing.

September 29th.—Has had fairly good night, bowels disturbed him about every two hours. Pulse 100, temperature normal, not so thirsty, abdomen still sore, tongue furred.

September 30th.—Feels much better, bowels acted four times in night, froth, slime, and blood, but each time there was tenesmus. *Podoph.* 6, two hours.

October 1st.—Improved, pain less, pulse 100, bowels acted twice in night.

October 2d.—Still improving.

October 3rd.—Motions only three or four a day, like boiled sago, but little blood and slight tenesmus only, pain gone from abdomen. Has taken more nourishment, chiefly milk.

October 6th.—Still improving, motions are in shreds, chocolate coloured, with very offensive smell, carrion-like in odor, but there is no bright blood. Tenesmus less, also thirst, tongue clean, pulse 100.

October 7th.—Motions more fæcal—two—complains of much pain lower back.

October 8th.—Sat up a while last evening, much better.

October 10th.—Improved all round, appetite good. Has had a natural motion without pain. *Podoph.* 6, three hours. Ate some chicken and rice pudding.

October 12th.—Downstairs, feels "quite well," still very weak and thin.

CASE 3.—October 2d, 1895.—M. M., aged 9, attacked with diarrhea, for which I ordered *arsen. alb.* 3x, two hours.

October 3rd.—Still diarrhea, but with tenesmus now and blood, but no fever. *Pod.* 6, one hour.

October 6th.—No blood nor purging since 4th. *Nux vom.* 1, three hours.

CASE 4.—October 2d, 1895.—A. M. M., aged 5, shivering, fever, white tongue, headache. *Gelsem.* 1, two hours. Improved till 5th, when she passed several greenish, offensive motions,

with much tenesmus, nausea and colic. *Ipecac.* 3x, two hours.

October 6th.—Bowels still loose, chiefly slime and blood.

October 7th.—Less loose and no blood.

October 8th.—Improving. *China* 1, two or three hours.

Neither of these cases lasted a week before she was convalescent; the last was curious, in that the purging, etc., did not commence till three days after the rigor. All made very speedy recoveries after acute stage had passed.

These cases are not cited as being anything out of the common, but I think will bear favourable comparison with those treated by "up-to-date methods," such as are advocated by the learned Professor, who probably sneers at homeopathy, like most of his kind.

♦ ♦

Metallic Ferments.

BY T. G. STONHAM, M. D., LONDON.

There appears in the April number of *L'Art Medical*, over the signature of Dr. Paul Tessier, a *résumé* of a very interesting paper communicated to the Therapeutical Society of France by M. Bardet, on the subject of metal ferments, which was first introduced to the Academy of Medicine by M. Albert Robin. The subject deals with the infinitesimal, and though not strictly relating to homeopathy, may yet be of interest to our readers. We therefore give a brief account of what seem to us to be the most important points.

Firstly, it is necessary to distinguish the solutions of metal ferments used by M. Albert Robin from colloidal metals, as their physiological effects are essentially different, and they are not in the same physical state. For instance, colloidal metals dissolve in water at a considerable concentration, whereas it is impossible for solutions of metal ferments to contain more than mere traces of the metal, for any increase of concentration causes them to precipitate, and they lose their properties; colloidal metals can be used as medicines, and retain their specific properties, but do not act as diastases, while metal ferments lose their distinctive qualities as metals, but act as diastases, that is to say, they can effect an intense chemical action by catalysis by their mere presence, and without taking any appreciable part in the reaction.

To illustrate what is meant by catalytic action, some experiments by M. Lebon are very *à propos*: Take a layer or a roll of aluminium and freshen the surface. That done, plunge it into a phial containing *mercury*, taking care to maintain this light metal in the mass of *mercury*, and leave it there several hours; or, more simply, for the shortest possible time plunge the bar of aluminium into a weak solution of a *salt of mercury*, for example, in a 1 per cent. solution of the sublimate. On taking it out of the solution wash the bar by moving it quickly in distilled water, then dry rapidly with a clean serviette. Place it upon a support in a vertical position, and watch attentively. At the end of some minutes the metal is covered with a white frost, each filament of which rapidly lengthens, and in ten or fifteen minutes the bar is completely covered with a white coating of alumina, the filaments of which reach two centimetres in length, if the apparatus has been kept from movement or from currents of air. The oxidation is so intense that the bar is raised to a burning temperature. This has been provoked by the slightest trace of amalgamation, so slight that the bar of aluminium, if weighed before the bath and after wiping, will not show sufficient difference in weight to be detected by the most delicate scales, and chemical analysis can detect no *mercury* in the alumina. Yet this infinitely small quantity of *mercury* has sufficed to cause the intense chemical action; it is a catalytic action; the *mercury* has been infinitely divided and has acquired thereby diastatic properties.

Metal ferments can be prepared in two ways: by a chemical process, according to the method of M. Trillat, or by an electric method furnished by M. Bredig, who was the first to make these curious products known.

Trillat's method is to precipitate feeble solutions of metallic salts by an alkali in the presence of organic matter, especially *albumin*. In some hours the precipitate redissolves and furnishes solutions endowed with remarkable oxygen-reducing properties; in short, true artificial oxydases are produced which rapidly reduce oxygenated water, and effect the oxidation of quinones or of pyrogallol. Solutions of metal ferments made in this way have been given to subjects attacked with tubercular meningitis. The results observed have been striking, but transient. Patients who were comatose for a short time regained consciousness, a considerable defervescence took place, and urinary analysis showed an

intense leucolysis and a great evacuation of toxic materials. The disease, however, resumed its course, and the patients died. The treatment, carried on by subcutaneous injections, in many cases led to necrosis on account of the alkalinity of the solutions, and had on that account to be discontinued. Recourse was then had to solutions obtained by means of electricity after Bredig's method, which is, shortly, as follows: in a porcelain capsule in a small quantity of pure, cold water, an electric spark is passed between two electrodes of the metal which one wishes to make soluble. The quantity of electricity and the voltage must not be too great. At each spark one sees a little cloud form, like dust, of metallic vapour, which rapidly disappears in the liquid, and this, little by little, becomes more and more pronouncedly coloured. Gold gives a violet solution, silver a brown one, platinum and palladium a black. When the operation is finished the solution is filtered through a rather thick filter paper. It is impossible to fix much metal in the water, as concentration is soon obtained, and then the whole of the metal precipitates.

Metallic solutions of this kind contain about 30 milligrammes of metal per litre. When examined by the ultrascope, and a powerful ray of light is passed through them, one can see on a dark ground a number of small luminous points, which represent the light diffused by the metallic particles in suspension in the liquid, the particles themselves being of the size of the one-hundredth of a micron, or less. Each particle is animated by a vibratory movement, the Brownian movement, which is the more lively the smaller the particle. If a solution be watched day by day, one notices the particles increase in size, and their movements become slower; then their number diminishes, and at the same time a deposit is produced which becomes more and more apparent. It would seem that the particles aggregate, become larger, and fall when they attain a certain size. When the Brownian movement has disappeared the diastatic action also disappears. It is to be remarked that the properties of solutions of metal ferments seem to be identical whatever the nature of the metal dissolved, whether gold, or silver, or palladium, etc. It is doubtful for what length of time these solutions preserve their activity, for metal ferments require special physical and chemical conditions. They die like ordinary organic ferments, like yeast and enzymes, when they are submitted to certain toxic agents: *morphia*, *chloroform*, *arsenic*. Any electrolyte will at once kill the metal ferment and stop its catalytic action, without the solution having apparently undergone any alteration. Ordinary glass may not be without some influence on the ferments, so that their preservation for a long time is a matter of difficulty. But there remains much to be discovered with regard to them, and the subject needs patient labour for its elucidation.



The Medical Library

By O B SERVER

Diabetes Mellitus.

A volume translated by Dr. Boardman Reed from the German work by Professor von Noorden, gives in the clearest manner his views on the metabolism of diabetes. These may be compared with those of Dr. Pavy which we lately had occasion to notice, and with which they do not entirely agree. For example, von Noorden does not admit that the kidneys are normally permeable to the sugar which is circulating free in the blood—a point upon which Dr. Pavy insists, and adduces evidence which supports his view. Von Noorden says that in his opinion one must either explain every case of diabetes as having a neuro-hepatogenous origin or else none of them. We do not think that in the present state of knowledge of diabetes this is a fair condition to insist upon, for while such cases may be rare, three cases of diabetes due to tumors in the fourth ventricle were published by Frerichs, who also reported a case due to tumor situated on the root of the right vagus nerve, while other cases have been recorded by good observers; much as we might like to see the pathology of diabetes simplified, these cases cannot be disposed of in this summary fashion. On similar grounds he throws doubt upon the occurrence of traumatic diabetes, and states that there are hardly half a dozen cases in which the relationship of the diabetes to the accident has been made out with scientific exactitude; he suggests the possibility or even probability that the alleged cases had previously suffered from diabetes, although they were unaware of the fact. It is quite impossible to disprove this suggestion in the case of healthy persons who have not been under medical observation before the accident, but it does not raise our opinion of the author's judgment that he should seriously advance such an argument.

He believes that all carbohydrate food is converted into sugar, which passes to the liver, where it is stored up as glycogen, and thence given out slowly and gradually in the form of glucose for the nourishment and work of the body tissues, but as more passes off than can be so used up, the

surplus is in part accumulated in the muscles and glands in the form of glycogen for further use, while part is transformed into fat. The glycosuria which so commonly occurs after beer drinking is explained by suggesting that the splitting of the maltose is not completed, the necessary ferment being present in an insufficient amount in the blood, but he has omitted to show that the sugar which appears in the urine after drinking beer is maltose.

The part played by the pancreas is held to be in aid of the glycogen-storing function of the liver; when this action is depressed from alcoholism, the temporary effect of other poisons, or more permanently in diabetes, sugar escapes into the blood and passes away by the kidneys. The muscles do not make use of sugar as such, but only after it is reconverted into glycogen; as this power to fix glycogen is reduced or abolished in diabetes, the muscles cannot utilize the sugar circulating in the blood, and it is useless to recommend diabetic patients to take muscular exercise in order to increase the consumption of sugar in the body. In diabetes there is diminished power of the liver to store sugar as glycogen, and a diminished power of the muscles to fix sugar as glycogen for consumption. The pancreas may supply a ferment which favors this fixation of glycogen, or an anti-ferment which prevents its too rapid destruction; in either case the result would be the same, but further investigation must determine which process really occurs. An obese person possesses a great capacity for converting carbohydrates into fat; but this power masks a tendency to diabetes, so that when it becomes impaired glycosuria results. Obese persons are theoretically already diabetic, many of them showing marked alimentary glycosuria after the ingestion of 100 grams of glucose.

There is a true over-production of sugar in diabetes caused by the physiological stimulus of the tissues which fail to receive the nutriment they crave, and therefore constantly excite these organs whose business it is to supply sugar. Sugar may be formed from fat and proteid, and it is a

remarkable circumstance that casein, which contains no pre-formed carbohydrate, is the proteid from which sugar is most readily formed in the diabetic organism. This is due to the amino-acids contained in casein, which are a ready source of sugar, and it should therefore be absolutely forbidden in severe cases of diabetes. The acetone bodies are derived from the lower fatty acids, and butter is the only ordinary article of food which contains a considerable amount of them, but as they and their salts are readily soluble in water, these dangerous substances can be completely removed by washing the butter. One of the chief causes of acetonuria is the withdrawal of carbohydrates from the diet; when these are restored acetone disappears so long as the patient retains to some extent the power of utilizing carbohydrates; if this is lost the restoration of carbohydrates makes no difference to the excretion of acetone. The facts do not quite bear out the opinion that the poisonous effect of these bodies is due solely to their acid reaction or "acidosis," as it is called. Quite a number of cases have occurred in which for months so much alkali was given that the urine gave permanently an alkaline reaction, in which, therefore, no acidity of the blood or tissues could have developed; yet, in spite of this, coma ultimately appeared. Other poisons besides those of the acetone series probably play some part in the production of coma.

We must not omit reference to the "oat cure" which is associated with the name of Professor von Noorden; as now prescribed by him, it consists in the daily administration of from 200 to 250 grams ($\frac{1}{2}$ lb.) of oatmeal, best given in the form of gruel every two hours; 200 to 300 grams of butter, and about 100 grams of vegetable proteid or eggs; nothing else is allowed but black coffee, lemon juice, a little old wine or a little brandy or whisky. What strikes us about this diet is the large amount of butter which the patient is expected to consume without anything to serve as a vehicle for it, such as bread. We have previously directed attention to this peculiarity of German dietaries, as these quantities of fat are more than our people can swallow, or at least willingly accept. At the commencement of the oat cure there may be an increase of the glycosuria, but after a few days the excretion of sugar and acetone diminishes. A case in which on ordinary strict diet the sugar did not fall below 600 gr., on the oatmeal treatment became free from sugar, and re-

mained so on the subsequent return to restricted diet. A feature of von Noorden's plan of diet is the intercalation of "vegetable days," on which there is abstinence from all meat, and of other days on which no carbohydrates are permitted.

Appendicitis.

In the third edition of Dr. J. B. Deaver's well-known work there are several new chapters. The second is devoted to appendicitis in children; here the rarity of the disease under the age of 2 years is remarked, and in the author's opinion is partly due to the relatively large lumen of the appendix and partly to the fluid nature of the diet. In his experience the process of shutting-off the inflammatory area by adhesions is especially active in children, and general peritoneal infection, except by rupture of abscess, correspondingly rare. He records a remarkable series of 77 cases in children treated during 1904, 2 being moribund and dying without operation, the remainder all recovering. The disease is certainly not so fatal in children as in adults, partly owing to the excellence of the recuperative powers at this age and partly to the marked tendency to localization.

Chronic appendicitis is also the subject of a new chapter. Dr. Deaver writes of the difficulties of diagnosis in this form of the disease, and relates cases to show that obscure abdominal pain is often ascribed to chronic appendicitis without sufficient cause. He has on occasions removed appendices which were thought to be the cause of abdominal symptoms, and which microscopical examination showed to be actually diseased, without giving the patient the least relief, and he considers that where no definite acute attack has preceded the chronic symptoms, the surgeon will do well to decline to operate unless the physical examination shows very positively that the appendix is diseased. It is to be hoped that this opinion from a surgeon of Dr. Deaver's experience will contribute towards the discouraging of what we agree with him is a too great readiness to ascribe vague abdominal pain to chronic appendicitis, and to operate with no better grounds than a suspicion.

On the subject of appendicitis in typhoid fever the author's views are also of much interest. Of 26 collected cases of operation in this condition, 10 operated on during the first week all recovered, while of 16 operated on later 7 died. Dr. Deaver would not operate during the height of the fever when an appendicitis arises as an intercurrent af-

fection, unless there is good evidence of perforation or pus formation.

The pathological lesions of acute appendicitis are described under four headings—catarrhal, interstitial, ulcerative, and gangrenous.

The occurrence of the catarrhal type is maintained in opposition to the views of Talamon and others, but of 239 cases operated on and investigated by the author, 9 alone belonged to it.

Dr. Deaver is well known to have been an advocate of early operation in acute appendicitis some time before the general trend of surgical opinion inclined to this view; he again states his opinion in the following terms; "In every case of appendicitis seen early, operation is indicated regardless of the mildness of the attack and regardless of the severity of the attack." He holds no extreme view on the necessity for removing the appendix in every case, but considers that the organ should be removed at the primary operation in all but exceptional cases. On these two points—the necessity for immediate operation in all cases and the necessity for removing the appendix under all circumstances—he appears to be less dogmatic now than formerly. Worthy of special attention are the remarks on the contraindications to operation in cases of diffuse peritonitis; and in such cases Dr. Deaver does not now irrigate the general peritoneal cavity, but is content with removal of the appendix and drainage, and has had many more recoveries than when he employed irrigation.

Ueber Gummiknoten im Herzfleische bei Erwachsenen.

Dr. Stockmann, of Helsingfors, has brought together what is known of gummata of the myocardium in adults. Knowledge of syphilis of the heart, though noted by some of the earlier writers, such as Astruc and Morgagni, dates practically from the time of Ricord, who recorded the first case (1845). Corvisart had previously (1804) surmised that certain vegetations of the valves were of syphilitic origin, a view which was opposed by Laënnec and others. Hunter at the end of the eighteenth century had thrown doubt on the existence of cardiac lues (1786), and his great authority had been prejudicial to progress. The author reviews 76 recorded cases of heart syphilis, to which he has added 4 fresh cases, which were under the care of Professor Benda. The latter are exhaustively and carefully dealt with. In addition to these, he refers to some

doubtful cases and also to 7 other likely ones, which he has been unable to refer to either in the original or in abstract. Here it may be stated that cases recorded by Russian observers, such as Sacharjin, have apparently been overlooked; at any rate, they do not appear in the bibliographical references. In his survey of the whole matter the author has, however, dealt only with those cases (52) in which there were circumscribed gummata of the myocardium. These lesions are usually multiple, but, when one tumor only is present, it is usually found to be made up of a congeries of small gummata. The left ventricle was the part mainly affected in 38 cases; the right being involved in 20. As to the histology, the growth is preceded by changes in the vessels. In his own cases Stockmann found the miliary gummata arranged round small veins. Cases have been published in which the heart became affected in the first year of the disease, and at the other end of the scale fifty-five years after the first symptoms of secondary syphilis. As factors favoring the development of gummata in the heart, the usual diseases of vessels and kidneys, hard bodily work and exertion, and, above all, alcohol, the faithful ally of syphilis, are mentioned. The symptoms may be absent, as in the case of small gummata, but when these are large, angina pectoris, tachycardia, epileptiform attacks, and so forth, may occur. Sudden or unexpected death, sometimes without previous indications of anything being wrong, is frequent.

—In the distribution of the twelve tablets in the New York Hall of Fame, with which the papers have been regaling us, we find physicists, educators, and soldiers. But no physician. Is there one already there whose name has escaped our vigilant eye? 'Twas ever thus from childhood hour; those who produce the greatest havoc and destruction on the field of battle, whose every inch of skin and mucous membrane is deeply incarnadined with human blood, are pictured in verse and marble, and held up to the aftercoming generations as desirable exemplars. But the faithful physician who wears himself out in the service of sickness and suffering for a bare pittance, and leaving nothing to his family, he is not thought of. Some day there may be a tablet to a surgeon who had the greatest ability and facility for cutting and maiming; but the general practitioner—never!

TOPICS OF THE HOUR

The Victoria Cross Editor.

The Victoria Cross ("V. R.") editor of our esteemed contemporary, *The Clinique*, takes a pleasant fall or two out of us because we hazarded, as he alleges, a flippant and half-humorous opinion on the proposed castration of certain criminals under the Indiana law. It is interesting even if not comfortable to find this associate editor measuring lances with a greybeard in the journalistic line; perhaps, also, it is a good thing to encourage young men to do a little editing occasionally; and when the topic is as unhomeopathic and innocuous generally as this of Legalized Castration, it is safe to let him air his new fountain pen, or to give his dioxygenized typewriter a little run for the money.

Just why the Victoria Cross man assumes that we made use of the article which has stirred his deeps, as an editorial filler—mark the scientific journalistic lingo—doesn't quite appear even after a re-reading of the offending leader. If there was the first scintillation of humor in the write-up, or the slightest trend towards flippancy, we are not able to detect it even with the spot light now thrown upon it. Then as now, the idea of unsexing a man seemed and seems absolutely frightful and horrible no matter what the crime; and we reiterate that it is a revival of the exquisite barbarism of the earlier ages, earlier even than the Inquisition of the gentle and refined Torquemada; for this cold-blooded artisan in religious disjointings, with all his faults, never again turned loose a recalcitrant whom he had tortured, but mercifully completed his job by killing him. Not so, however, in Indiana.

The "V. R." editor thinks that to castrate a man will transmute him from a human animal into a pulsatilla character—mild, gentle, yielding, impulsive, weak in the urinary bladder, easily moved to tears, of no one opinion very long, loving two lovers at the same time, sighing and crying, inditing a poem to his mistress' eyebrows—in short, that he will become the typical squawman of the American Indians. Rats! Not in a thousand years! The Victoria Cross man, if he won his V. R. red-badge-of-courage in the Orient, very well knows that the eunuchs are the most fero-

cious, conscienceless and outrageous monsters that disgrace this glorious footstool of the Grand Architect of the Universe; they will boggle at no form of infamy, treachery or crime.

The "V. R." critic indulges in the sometime pastime of inexperienced debaters and young writers of separating text from context, thus leaving it apparently clear that our statement was foolish, humorous and flippant. But we distinctly said, and without a trace of conscious humor or flippancy, that we had no mercy for the criminal; that there is a better way to prevent the rapist or the other forms of sexual criminal from repeating his hellish divertisement—aside from an invocation of the Unwritten Law, the kerosening and burning of the criminal chained to a railway tie, or in castrating him; and that is to Execute the Laws of the Land! There are plenty of these. Execute them in the spirit of their passing and there will be no need to unsex a few criminals in order to prevent another Jukes family—gad-zooks, what a moribund and motheaten argument!

The trouble is that the politicians, and the hysterical jury, and the old women generally of the male sex—with our sincere apology to the real and true old women of the female sex—whether they are on the bench or off, these moffradites, soon sign petitions for pardon, or for cur-tailing the penalty which a wise Legislature sought to inflict for the good of all the people. It has been found that the average duration of a life sentence is six years! Make that life sentence to mean a Life Sentence, and soon there will be no more rapings and seductions and Oscarwildisms or metropolitan-opera-singeruscos, and practitioners of such other immoralities as now move the Indiana solons to return to the branding iron, the torture chamber, the iron virgin, the bed of roses, and the mutilating knife.

This form of mandatory mutilation and its attendant arguments is of a piece with that other which demands that every man and woman who may contemplate legitimate marriage shall go before a Commission of Doctors to be probed and speculumed and stethoscoped, and urinalyzed, and otherwise examined as to their physical history, their morality, their sexual abilities and dis-

abilities, their disease possibilities, whether the grandparents or parents had worms or sparrows, the size and structure of their wisdom teeth, the patency or unpatency of their respective receptaculum chylii, whether they indulge in unsterilized kissing, or weighing a departing criminal's soul, and all that long list of medical nonsense and foolery of procreating people, and making them good by machinery and under the paternalism of scientific medical laws. Our noble President, instead of discouraging marriages wherever made, whether in heaven, in the vestry (or pantry), or, in the county squire's office, is constantly harping on race suicide and by implication urging the decent element of America to lose its fountain syringe and kick the poodle dog into the middle of next week. But these scientific experts who work wholly with the brass barrel of a microscope, with slides and cultures, who see thru the glass darkly, who have looked into a scientific hole so long and intently that they have lost the hole, this honorable and highly educated gentry with a world all overlaid with microbes and bacilli would have about one marriage every fourteen years; for where under the created canopy of the Good Ruler can one find a pair of people without some form of hereditary taint?

Suppose we do have a few Jukes families. What of it? How could the dear young doctors live without microbe and bacilli-infested folks, without deformities, and diseases, and insanities and degeneracies. Can Lombroso hatch out a worse case of degeneracy than that which, latterly, despite the objection of the good people and the attempted embargo of our President, was paraded in the newspapers of our fair land as the result of a murder deliberately planned and executed? Or of that other notorious and malodorous marriage in which a minister of the loving Jesus so far besmirched his robes of professional purity by solemnizing the legal contract that his brethren in the same school of theology, who did not get a thousand-dollar fee, slapped his wrists, rebuked him most scornfully, threatened to have him expelled from the church and all o' that and all o' that, until in self-defense he returned the fee, put up the baby act—didn't know it was loaded; hadn't ever heard of the high contracting parties, as neither he nor his wife—you see this Adam, as of yore, had to drag his wife into the unsavory mess—they neither of them took the daily papers because these latter are so full of un-

truths and shameful stories. If the reformers of the scientific school of bacteriology are going to mutilate men for manifest sex degeneracy, why confine themselves to those few who are safely behind the bars, while they let the other, the great majority, the influential, the rich, the titled, the polished villains, go scot free, gladly receiving them as good pay patients?

In conclusion, and lest our Victoria Cross critic take another fall out of us on the alleged score of our favoring rape and seduction and the spawning of Undesirable Citizens, we repeat that the way to keep down this criminal propensity is to execute the laws found on the statute books of every State and Territory! The resort to inhuman butchery is but little better than that despicable recreation indulged in by Indian women with the wounded or the dead soldier, after the battle. The V. R. hero knows what that is. If not, let him ask Mark Twain.

• • *Occupational Dusts.*

Under this rather peculiar-looking and high-sounding title we received a letter recently, one-half whereof is devoted to the exploiting of an almost innumerable string of officers, committees and sub-committees, so that one who runs and isn't very careful, might hastily conclude that the collection of dust was one of the most important of modern industries. This occupation seems to be the occupation of some department of the American Institute of Social Service with headquarters in New York. As we understand this lavish display of names and functionaries, of Ladies' Committees, of an Inaugural Ball at the Waldorf-Astoria, meetings and suppers at the Players' Club, it seems to be a Harry Lehr scheme for having a good time, under cover of forty-five bottles, well-stoppered and marked, containing the dust of forty-five kinds of occupation, mineral, animal and vegetable. Extremely realistic models in wax, colored to life, represent human lungs as they are affected by occupational dusts. It takes one back momentarily to the golden dust man Boffin, his dust heaps, and peg-legged Silas Wegg. The Scientific American—the first dry land whereon we could rest our weary mental and literary feet and feel somewhat at home—agrees, annually, to give a gold medal for the best device for preventing accidents. And while these notable scientific four hundred are settling the dust by means of suppers and cold bottles at the Players'

Club, and presumably other kinds of bottles at banquets at the Waldorf-Astoria, the daily record of railway accidents knocks the sum-total of promised life-saving (by keeping your nose corked and your mouth shut and inhaling no dust) into the middle of last year. A half-hundred Shriners had to go down into the occupational dust of eternity, because of a measly, ill-prepared, poorly-equipped and provided railroad in California. This railway was probably doing more business in Wall Street than in California; it had dropped so much dust in New York that others had to bite the dust in California. A few days thereafter a tramp, in revenge, spreads the rails on another California railway and hurls a rapidly moving train down a trestle. "Piped" rails in other parts of the United States derail trains and destroy human life. But these wonderful people in New York, with the top-heavy, hydrocephaloid letterhead—this American Institute of Social Service—with no reference whatever to the getting and keeping of the girl in the kitchen, or raising the wages of the second girl—seem to be organized to have a good time collecting the dust of various occupations, wetting the dust in their own throats, filling their natural (not waxed) lungs with poisonous nicotine, interspersed with suppers, banquets and flowers, and high-sounding names of officers and committees.

• •

Alleged Americanisms.

An American theatrical company recently adventured upon the rather uncertain and precarious sea of London theatricals. The play, which is the thing, my masters, was a first-class one. It had proven a monetary success wherever its beauties of scenery and situation had been unwound, and its charming lines delivered. The principal male and female rôles were taken by two very prominent American actors. But the asinine gallery god took it into his head that 'e didn't want no blawsted bloody Yankee play, don't y' know, and, so, hiding his inherent rudeness, by not hissing outright—if that anserine exercise is not prohibited by ordinance in London—he took it out in "boo-ing" the actors! A most elevating and gratifying performance, that! A morning-paper dramatic critic in reviewing the first night, while deploring the unseemly childishness of the gallery gods, and some others a little lower down in the architectural scale of the theatre, went on to say

that the play was really meritorious, and that only here and there in moments of superlative unguardedness could one detect the Yankees by their nasal twang, and the shuffling, sniffing way of rendering and reading the lines. And that critic, writing for an English newspaper audience, deemed his duty not completely done until he had incorporated this ancient slander into the verities of his criticism. He knew it all. He knew this from having seen it in the long aforetime, possibly in an ancient *Punch*, and also because, doubtlessly his forbears about the time of the tea party in Sutherland's present domain, made the same declaration, and, hence, was always believed.

Notwithstanding all the enlightenment which the frequent peaceful forays of intelligent and well-pursed Americans has spread in England, there seems still to linger the belief even among some of the better class of Britons, that a real Yankee—and how your average Briton likes to twist and turn that savory word under his tongue!—that a real Yankee must have a nasal twang; must be long, lean and cadaverous; wear a fuzzy-wuzzy white "plug" hat, a sky-blue, star-bespangled, split-tail, brass-buttoned coat, and red-striped "pants" far too short in the legs. The fact that the only Yankees that were ever considered such by the Americans came from England and settled in three or four little commonwealths in the extreme northeast, and that the rest and remainder of the United States occupies above fifty times that area with peoples from *all* parts of the habitable globe, each with its own language originally but in the second growth dropping it and becoming American in speech and garb—these facts do not seem to weigh with the critical Briton who must have the American as a nose-talking Yankee, who lives in the "States," and is lean, lank, lazy and lantern-jawed.

In this country, if a man has a pronounced nasal twang, we send him post haste to Tom Stewart or Guernsey Fellows or Whenry Phillips, or Imbalance Copeland, or to some nearest rhinologist to have an operation done for adenoids. And if he uses bad grammar, or no grammar, or drops his g's, or swears by the Great Jehosophat or the Continental Congress, we pack him off either to night school, to a reformatory, or a retreat for feeble-minded persons.

When you come to regard conspicuousness in manner and apparel commend us to the typical Englisher on his travels in America or elsewhere; for aside from his loud clothes, his large shoes,

his 'igh 'at, his briar pipe, and his bundle of canes, it will be found in *his* peculiar nasality, and in the unexpected raising of his paragraph-endings, where every other civilized nation on the earth drops its voice. You take ten Englishmen, and an equal number of Americans, and we will wager a cold bottle and a small bird, that the nasal twang and the overbalancing racial and linguistic trend will be found in the ten Englishmen, and not at all in the Americans. Or say that you meet half a dozen men abreast on any street in Paris, or Vienna, or Rome, or Berlin, and you will pick out the Englishman the first thing and, particularly, by this very talking thru *his* nose which he so condemns in the American. And you will listen long and attentively and vainly for the nasal twang in the American. If there is any catapultine discharge of tobacco juice it will not proceed from the American. But you couldn't get that traditional nasal sniffing out of the Englishman's Yankee any more than you could find an Englishman in London and in many parts of England who will not say "quite right you are, sir," instead of the simple and gentle "yes," or "yes, sir," or who will not exclaim "how extrawnersy," or "fawncy." You would have to go back two or more generations and then extract it forcibly.

But there are gratifying signs of a change in and a gradual softening of the Englishman's Yankee. Formerly they believed—these Englishers did—that every Yankee "chawed" tobacco, had his britches tucked into the tops of his boots, sat with his feet on mantel or out of the hotel or residence window, spat his mouthful of disgusting succus nicotinus either at a fly on the wall twenty feet away, or out over his boots into the street below; and between times, when not whittling a brookstick, he was cleaning his teeth with his pocketknife. That was the Jefferson Brick type of Yankee invented by Charles Dickens in revenge for his poor entertainment down about Cairo, Illinois, in the early forties, but for which he apologized later in life, when he thought it profitable to make a reading tour of the United States.

That there are still whole communities in this great land of ours where the Boston (bean) refinement and blue-goggle adnexæ have not perceptibly obtained goes without much saying. When it is considered, however, that we as a people are a conglomerate race, built up from every nation—not excepting a few Englishmen

who live here and profit by our push and prosperity but do not become naturalized—and that there are still some reaches of land in the West and Southwest, with many hundreds of miles between drinks, something better than this absurd caricature and harping on the sniffing and nasal peculiarities as charged might be invented by our alleged cousins to beguile the tedium and no longer frighten the youthful Briton withal. It is a fact, and we challenge the Britisher to make safe denial, that, take this large country by and near, there is better English spoken here than anywhere in the British Isles except perhaps on Grafton and Sackville streets in Dublin.

And as for distinguishing apparel there is not a family anywhere in America which does not on Sunday and saints' days array itself in good, well-made, fashionable clothing—Paris modes, tho perhaps a little belated—such as it would be difficult to find in any of the outlying towns near London, unless worn by American tourists. The father and son here do not wear the grandfather's long-frocked coat. And the girls both young and not so young seldom let an Easter day pass without a new bonnet, or the rearranging with fashion plates before them of last year's creation until it becomes the fashion glass of the present. Wherever the post-office service penetrates in America we find the fashions as perfectly imitated as in New York or Paris. And we distinctly remember that this is not so in fairly large sized villages and towns in England.

An amusing episode of one of our personally conducted tours abroad, and which repaid us for much unhappiness, was the stinging retort of an English customs official who met our steamer as we were sailing from Holland to London. He asked us, as the manager of this "circus,"—he meant company—"You have none but Americans with you, sir, I believe?" We assented. Presently he returned, his face a shade or two more florid than could be attributed to the action of the sea breeze and the sun or the 'arf and 'arf, his voice, too, a trifle higher than necessary for one not wearing Morley ear drums. "You told me, sir, that you had none but Americans. I find on examining their effects that you have several persons from Canada." "That is true," we answered, "still they are Americans." "The bloody rot, they are!" flung out this irate Britisher, "they are not Americans, they are Canucks!" And if it had not been at that time an indictable offense, if not a chop in the Tower

of London, we would have offered him one of those good cigars we bought at Rotterdam and had neglected to declare.

Of one thing we are quite sure, i. e., that our recent homeopathic visitors from England did not return home with any such foolish notions concerning the Americans. There was little to mark them as Englishmen save their absolute unlikeness to the typical tourist and stage Englishman. They spoke as good American as we of Roosevelt's domain. They were more like ourselves, good-speaking and well-dressed Americans. They found our homeopathic representatives, coming from the uttermost parts of the land, to be sober, learned and industrious; planners and pushers; who had naught but the kindest of feelings for the visiting English gentlemen. Clarke, Burford, and Searson were especially winsome and notable for their geniality, and the total absence of any insular or racial peculiarities. And when they got back to Lunnun town, to Piccadilly, or where not, they did not write long letters to the *Times*—a principal source of news for the old Thunderer, and said to be much cheaper than Associated Press reports—descriptive of the Yankee, "the States" and the nasal speech. And neither did they find a single homeopathic physician in all their travels in America who was defiling his mouth with chewing tobacco.

[As to "boo-ing," commend us to the more expressive and fitting punishment for disgraceful conduct, or for condemning a vile and shameful act, namely the bestowal of over-ripe hen products or moribund vegetables, or, in extreme cases, even the striding and riding of a rail with pix liquida and plumæ accompaniments. But for "boo-ing"—go to!]

♦ ♦

Proposed Nurse Legislation.

The Pennsylvania State Committee on Nursing seems to be established for the purpose of clipping the wings of the nurses who are trying to have legislation passed in their favor, but legislation of such wild proportions that a good many doctors are amazed at the scope thereof. If there was ever a pernicious trades-unionism it is apparent in this bold bid for exorbitant prices and unlimited scope of activities. Here for instance are some of the prices demanded:

Acute diseases, twenty-five dollars per week.

Obstetrical cases, thirty dollars for first week, twenty-five dollars for succeeding weeks, un-

less there are two nurses, when twenty-five dollars per week each will be charged for the entire time.

Nervous cases, thirty dollars per week.

Contagious cases, thirty dollars per week.

For attendance at an operation, or one day's engagement, five dollars; from two to six days, four dollars per day.

No extra charge is to be made for attending to the body after death.

How's that for a scale? And here is one of the tenets of this rare and exceedingly smooth article: it is quoted from the *Outlook* for January 6, 1906:

To advance the higher evolution of the trained nurse, the domination of the doctor and the man must cease when he leaves the sick room.

Says Dr. Groff, Professor of Anatomy and Physiology in Bucknell University: "At a trial at Tom's River, N. J., trained nurses testified in court under oath that they threw away the medicine prescribed by the doctor and administered their own. These nurses had been recognized by a so-called nurse's law. They had 'R. N.' after their names. They were following the dictum that 'the domination of the doctor and the man must cease when he leaves the sick room.' It is claimed that being recognized by State law the same as doctors, they had the right to decide upon the advisability of withholding or administering the doctor's medicine or substituting their own."

Has the medical profession in the kindness of its heart raised up a new Frankenstein monster to destroy itself? How many doctors are sure of thirty dollars a week, or even of four dollars a day, several days hand-running?

It may not be apparent to the nurses that they are insidiously but certainly killing the goose that has been laying their golden egg; but such is the fact. A very large wave of protest is passing over the profession against this high-handed fashion of treating the sick and the doctor. As the woods are rapidly filling with new nurses every day, some of these brevet-doctors may have to dismount their heady Arabian steeds and again engage in pedestrian exercises. That there are here and there among the four hundred, families who are able to retain a nurse at thirty dollars a week, and then pay a doctor about two dollars a day merely to write the death certificate, in case the trained nurse, by substituting her own concoction for the doctor's medicine, lets the patient

die, goes without saying. It is so comforting to feel, when the body is being embalmed, that all was done that could have been done for the deceased; that they had two or three nurses all the time; that the doctor came every day, sometimes twice a day, in a beautiful auto-car; but alack and alas, the poor woman had to go, it was God's will! And the will will be read day after to-morrow.

But in the overwhelming majority of cases, where the breadwinner earns a pitiful sixty dollars a month, and needs about fifty of it to keep his soul and body together in this age of unprecedented prosperity—for the nurses and other trusts—that man or that woman cannot employ these dainty brevet-doctors who, emulating the late King Alfred of burnt griddle cake fame, have divided their day's work into seven for work, seven for recreation, seven for sleep and three for making out their bills against the afflicted family. What shall this great majority do when they are unable to invest in these b.-d.'s, whose laundry is more plentiful than the rest of the family's, who have to be waited on hand and foot, who rarely do aught that is not nominated in the bond with two good and sufficient securities? What can they do?

That these incomparable brevet-doctors are not wholly to blame for this reaching out after big pay alleged to be received by some of the surgeons is evident; when the ordinary doctor looks about him and notices with what infernal readiness the average specialist runs a high-priced nurse into a family. In one instance, in our personal knowledge, an elderly lady with a slight mental twist requiring merely care and watching, and no skill whatever, the physician, a specialist, insisted upon a trained nurse. At great inconvenience this immaculate personage was shipped into the case at twenty-five per. She has been there now over six months, and it looks like a life job. A good ten dollar a week untrained nurse—God bless 'em!—or even a companion at a dollar a day and found, would have filled the bill just as well, and have assured the old lady of a good deal more sympathy and attention than the twenty-five dollar article with her rules and regulations, her constitution and by-laws, her washing and attention. Some of our new doctors who are doubtlessly envious of the elders in the profession make the accusation that these said elders do this nurse-recommending with graft in view.

With medical practice reduced now to an expert knowledge of chemistry, biology and serum

therapy, and specialism in general, on the one hand, and a twenty-five-dollar trained nurse throwing out the doctor's medicine on the other hand, where presently shall the general practitioner find dry land enough to rest his weary feet upon and withal?

If this continues, will it not soon be time to drop that old fool notion that medical men are gentlemen, not tradesmen, that they cannot advertise, cannot patent any contrivance, or keep secret any trade discovery, and that they cannot continue in the profession merely as money-getters; and instead thereof issue from their caves of Superlative Righteousness and Ethical Decorum, seize the commercial bull by the horns, form trades-unions, go on a strike, have black-lists, raise their prices, use jointed gas-pipe persuaders and other agricultural instruments to convince scab-doctors of the merits of the strike. Perhaps then they might earn as much as a union carpenter, or blacksmith, or an "R. N." trained nurse. If we may not go this far in this generation, it may be necessary for a good many of us unspecialists to "kill" the trained nurse who plays every case to which she is called into the hands of her pet friend and specialist.

Sairey Gamp and her intimate friend Mrs. Harris were horrible enough in all good sooth; but they could be guarded against by not employing them. But the present article, smooth and finished off, who can answer questions in medical treatment that would stump the ordinary practitioner after a few years' hand to mouth struggle, is far more dangerous, for she knows too much of the things that ain't so, as Josh Billings put it; thus undoing the work of the conscientious practitioner. Of what use to spend several thousand dollars and four years in a medical school, and five years more fighting that empty potato bin, the wife's last year's hat and the children's made-over garments, when an R. N. may reverse you the minute you descend the front steps.

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Morbid Pleasure.

This idea, that pleasure is the concomitant of actions which are serviceable either to the individual or the race, whether the pleasure accompany the satisfaction of one of the baser instincts or desires, such as hunger, thirst, or the sexual appetite, or spring from the performance of that good deed which shines in a naughty world, received its last convincing proof with the formula-

tion of the evolutionary hypothesis at the hands of Herbert Spencer. The necessary connection between utility and pleasure has been frequently denied, but notwithstanding that there are many apparent exceptions to this rule, notably the pleasures derived from the taking of harmful drugs or alcoholic intoxication and the often instanced euphoria of the dying—exceptions which prevented Ribot, for example, from admitting its entire validity—notwithstanding these, it does not, we believe, when regarded from the phylogenetic rather than the individual point of view, admit of any exceptions. Herbert Spencer himself, in his "Principles of Psychology," explained away many of these apparent exceptions, and Max Nordau, in his amusing and often illuminating "Paradoxes," in his chapter on "Evolutionary Æsthetics," deals with this very question of alcoholic pleasure. After stating, though not explaining in physiological terms, the action of alcohol as exciting the nervous system to a higher degree of activity, producing "an intensive feeling of strength, cheerfulness, impulses on the part of the will and a plentiful supply of conceptions on the part of the judgment, that is, a condition which can in the natural order of things only be produced by such circumstances as are in the highest degree beneficial for the health and life of the individual," he proceeds to show, by a *reductio ad absurdum*, how if alcohol had existed in Nature in a pure and easily accessible state, like water or the fruits of trees, those who had continually experienced pleasure from a copious indulgence in alcohol would have died out and only those of their descendants would have remained to-day who found alcohol as intolerably offensive as, say, petroleum or the fluids of putrefaction. He does not, however, attempt to outline the *rationale* of alcoholic over-indulgence, though he states that the exceptions to the utility-pleasure rule are invariably evidences of morbid states, and he falls into error in assuming that the various feelings of well-being which he describes precede instead of being the earliest result of the paralytic action of the alcohol. To this point, to the elucidation of the mechanism of morbid—or, as it should be, abnormal—pleasure, an interesting though somewhat discursive paper by Dr. Bridou in a recent issue of the *Revue Scientifique* is directed. Dr. Bridou, like most psychologists, does not regard pleasure as a state but as a process, the appreciation of a difference, and one which never

exists alone and independent, but always in relation to other functions. The elevation of any one pleasure to the highest field of attention, therefore, always involves the subordination or sacrifice of others, and for this reason the successive emotions should always be justly distributed in order to maintain the harmonious integrity of the individual. "It is," as the late Professor Veitch of Glasgow used to say to his students, "the wide man who is the great man."

Further, in precisely the same way as it may be taken for granted that with man in past ages each stage of evolution had its proper pleasures resulting from the harmonious response of the individual to the exigencies of his then environment, so in man to-day each stage of his development from childhood to old age has its fitting gratifications, any arrest or transposition of which constitutes a morbid phenomenon which Dr. Bridou terms *manie passionelle*. Its victims have arrested themselves at one stage of affective evolution, have misunderstood the law of human good, and have prepared for themselves a dull and rancorous end.

Abnormal pleasure, then, so far considered, may thus be the expression of a disharmony inherent in the individual, the result of simple hypertrophy of any one function at the expense of others, or it may be due to an arrest of affective evolution at any one of the rounds of the biological ladder. Both these, however, are innate in the individual, and would be operative on a desert island.

The whole seriousness of morbid pleasure, however, lies in its social bearings. The man of sane pleasures lives in harmony with the social conditions which constitute his environment, or, as Dr. Bridou puts it, "in the mind of the normal and well-balanced man the clavier of the emotions represents an order approaching that of the hierarchy of reality," whereas the man addicted to abnormal or morbid pleasures must, in so far as these result in conduct, be at war with his fellows, or at least be an obstructor of the world's progress.

Most of the disharmonies of life, most of the derangements of the natural connection between pleasures and beneficial actions and between pains and detrimental actions, are the result of the fact that since the advent of modern civilization the changes and increasing complexity of the environment have proceeded at a greater rate than the adaptations necessary to bring the whole

of mankind into harmony with them. Many have been left behind in the race of life, and are today anachronisms, genuine and interesting survivals of a far-off predatory past. But if many fail from native incapacity and the sway of passions natural to savage conditions, still more are backsliders—degenerates in the strict sense of the term. The declension is fatally easy, and whether brought about by disease, by natural decay, or by inebriety, the path of devolution is ever the same, from higher to lower, from more complex to less complex, from unstable to stable. From the annulment of restraint is born a sense of freedom uncorrected by the now somewhat obfuscated judgment, and the unchained instincts flood the field of consciousness with a brief and illusory sense of power. In this biological regression is to be found not only the explanation of the pleasures of vinous intoxication, but of many other abnormal pleasures, whether encountered in the apparently sane or amongst the inmates of asylums, prisons, or homes for the victims of drug habits.

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The Perils of Sterilization.

Under conditions where it is inadvisable that a woman should bear children sterilization may be necessary. Certain methods have frequently been practiced after Cæsarean sections for narrow pelvis, excision of more or less of the Fallopian tube being the most satisfactory procedure. More recently barrenness has been secured by the free application of superheated steam to the uterine walls. This method is now known to us as the much-vaunted "Atmokausis," advocated by Pincus of Danzig, and not without its uses in the treatment of certain uterine diseases. Dr. P. Meyer, assistant to Professor Strassman of Berlin, has recently made public a case* which shows that the new method is both uncertain and perilous when employed for sterilization. A lady, aged 36, was admitted into a private nursing home, when in her twenty-second pregnancy, in September, 1906. She had only carried three children to term. The last labor at term occurred in 1896, on which occasion manual detachment of the placenta was necessary, the temperature was high during the puerperium, and the patient was confined to her bed for two

months. The patient was troubled with epileptic attacks some time later. In October, 1905, the last of eighteen abortions occurred, and there was fever during convalescence. The patient very reasonably desired to be sterilized and atmokausis was applied, by a distinguished authority, in December, 1905. Nevertheless, menstruation returned regularly until the end of April, 1906, when the patient became pregnant once more. Pains and very severe bleeding appeared in the fifth month. The os internum was very rigid and dilatation was required, yet the presentation could not be defined. About an inch above the internal os a sharp spur was found obstructing the way. Cornual pregnancy or tumor in the uterine wall was suspected, but the spur was broken down, and then a cavity containing a fetus was discovered. Its delivery demanded some complicated obstetrical maneuvers; the after-coming head had to be perforated at the occiput. In detaching the placenta the nature of the abnormal gestation became clear for the first time. The uterine walls were extremely hypertrophied on the right side and very thin on the left, where a pouch had developed for the lodgment of the fetus, leaving a considerable proportion of the uterine cavity empty throughout the pregnancy. The patient fortunately recovered, but her case does not speak favorably for atmokausis, as the method completely failed in its object.

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Hurry! Hurry!

The *Journal of Public Health* says: "Man's business requires haste. The average business and professional man eats in a hurry and gets dyspepsia; he walks in a hurry and gets apoplexy; he talks in a hurry and is called a liar; he does business in a hurry and becomes bankrupt; he votes in a hurry and produces corruption; he marries in a hurry and gets a divorce; he trains his children in a hurry and raises spend-thrifts and criminals; he gets religion in a hurry and forgets it in a hurry; he makes his will in a hurry and leaves a legal contest; he dies in a hurry, gets buried in a hurry and is forgotten in a hurry." And his tribe is steadily increasing.

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Hard Luck Stories.

A Michigan exchange prints the following surprising news item:

"John Smith returned last night from Kalama-

* "Ein Fall von Gravidität nach Sterilisation durch Atmokausis," Zentralbl. f. Gynäk., No. 6, 1907.

zoo, where he has been working on a steam shovel suffering from inflammatory rheumatism."

It would be interesting to see Mr. Smith giving the poor steam shovel a hot bath or applying mustard plasters to its back.

It is a South Texas paper which furnishes this startling information:

"James Jones of Lake Charles, La., had his entire interior burnt out last night; loss about \$3,000, fully insured."

Heretofore we have always had the idea that the liquor down there was no worse than in other sections of the country.

Globules.

—Dr. John Arschagouni announces his removal to 138 West Twenty-first Street, between Sixth and Seventh Avenues, New York.

—Medical journals are indispensable. They are the necessary means for the rapid dissemination of a knowledge of the important discoveries in our work. They furnish an outlet for our exuberant energies, and a summary of the results of many men's work along single lines, permits us to form opinions as to the justifiability of methods and the usefulness of the means we use in our combats with disease.—*J. H. Ford, M. D.*

In a letter from Dr. Guy Edward Manning of San Francisco we find the following Mark-Tapley note: "Since the fire there have been many changes in the locations of offices. You see that outside of one or two of our men and women there was not one of us who did not lose practically all that we had in the way of office, instruments, library, etc. We all 'bobbed' up again in a few days, however, and outside of three or four we all staid with our stricken city. That our practices were literally as well as figuratively scattered to the winds goes without saying, but things brightened up and we have built up new ones.

. . . Dr. Ward is no longer on the Board of Health after a long, hard siege during and after the fire, when the city was threatened with all kinds of epidemics and disease, and he, as President, deserves all kinds of praise and respect for the admirable work. . . ."

Dr. Manning reports, further, that he and Dr. McConkey are on this Board of Health, so that Homoeopathy has not lost its hold, and is ensured representation in the public hospital, the Emergency Hospital and other public service.

In this connection we recall the report at Jamestown of Dr. Florence N. Ward to the effect that the College and Hospital at San Francisco no

longer required extraneous help, being again fairly on their feet.

—Under the title of "The Use of Alcoholic Beverages" a photographic reproduction of a page of *The Lancet* of London containing the recommendation of medical use of alcoholics, finds its way to our desk. The names signed to this document are, of course, all English—which in our humble estimation, in some part, vitiates the value of the recommendation, for England, and, indeed, all European countries, are addicted to the moderate use of alcoholics; and there are few localities where American temperance ideas prevail. We question very much whether the same number of eminent American physicians would hazard signing such a recommendation. The W. C. T. U., partisan and non-partisan, would make it decidedly interesting for all such signers. See how great a power they are in the army—where, because of these ultra-strict teetotaler ideas, the canteen has been knocked out, despite the influence of the best influence in the army circles, and the poor soldier left to the low grogeries outside the gates. See how even the great rescue-from-drowning act of our excellent Vice-president could not save his Æschylus pate from considerable batterment because of those forty cocktails said to have been served at one of his banquets. So we prophesy that, however much American physicians, especially of the old school, may believe in the giving of alcoholics in certain cases, it will be a long time before they will dare brave public opinion in a printed recommendation.

—On the return trip on the boat *Jamestown*, from the Exposition Grounds to Washington, some thirty Institute physicians happened to be together and almost without any design—spontaneously, one might say—these thirty formed themselves in an informal meeting with Dr. W. A. Paul, chairman of the Committee on New Members, in the chair. Reports go to say that this meeting lasted for several hours and was one of the most enthusiastic homeopathic meetings that the individual members had attended for years. The question chiefly in discussion was the increase in the Institute's membership, which latter crystallized in a personal promise of each participant to influence at least five new applicants for the Oklahoma meeting. This is the right spirit; and the one we have been advocating for years past: *i. e., personal work*. Now, then, you remaining 2300 members, what will you do? Come over and help us! Every mother's son and daughter of you can bring in at least one. Why not?

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SEPTEMBER, 1907

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

Soap in Its Relation to Ethics.

NOW, it may be, *prima facie* [anglicé, on first sight], all right for the president of a sometime medical college—which has not—the college—been in existence for some years past—to use a letterhead of the dead and defunct college, to exploit his belief in the supereminent and superfatted values of a specially-made soap; and it may be true that no delicate article of the Code of Medical Ethics has been ruthlessly raped, raped, infringed, or infracted, or at any rate not to the degree calling for a reprimand, if not worse; still we would be willing to assert that this same ex-president only a few years ago, when he, too, wielded the editorial thunder-box of a western journal of medicine, would have said something warm, and straight from the shoulder, concerning the commercial use of a name made famous over a long lifetime of successful practice, as well as author, editor, writer, and chief-executive officer of a former medical school. Perhaps we are wrong in our estimate; but we knew this man well and intimately and are fain to believe that something very unusual was brought to bear to cause his change of ethical opinion. The second paragraph of this stock-letter, over the written and engraved signature of this former president, opens by saying: "I first began to use the soap personally and professionally about four years ago. For the past three years I have used no other soap . . ." reminding one pleasantly and humorously of the Pears' Soap ad. picture where an unkempt, raw, and ungainly specimen of the genus hobo writes the same form of testimonial. After carefully reading through the three figured paragraphs of the letter describing the virtues of this soap, couched very much in the fire and vim of the olden and editorial times of this ex-president, we are tempted to invest in a block or two—of the soap. It is certainly a marvelous product since "it removes dirt, grime, grease, paint, ink, fruit and iodine stains, and never fails." We had all along supposed that all soap, as a rule, did pretty

much the same as this Empire State preparation. But then the merit of just ordinary soap escaped us and the profession, doubtlessly; and not being heralded in this highly commendatory fashion, we were left in ignorance until this new and unrivaled saponaceous product "flashed athwart our horizon."

* * *

WE are not unmindful of the fact that some of the old-time members may have a long memory and may refer to the fact, for it was a fact, that some years ago, so many that we would have to refer to a Clipsham calendar to refresh ourself on the date, a present absent Institute member had lots of fun in defaming our fair fame by circulating with lavish hand a good many "greenbacks" issued by the Antikamnia Chemical Company, bearing on their back, i.e., on the back of the "greenback," our endorsement of Antikamnia. Frank Ruf was not to blame in reality for omitting the fact that this endorsement was a "reading notice" found in our advertising pages, and that, in lieu thereof, he had substituted our then professorial title in the Cleveland college. His business was, Frank Ruf's was, to make the best of everything that appeared in any of the medical journals which spoke well of his pet dope. However, when his attention was called to the manifest unfairness of its presentment as a personal opinion instead of a "reading notice," the issue of that particular form of advertisement was promptly suppressed. Our former enemy—himself at that time an editor, and, therefore, well conversant with the "reading notice" aspect of the endorsement—as we say, our now absent friend very nearly attained his pleasant pastime of unhorsing us at Omaha as Recording Secretary of the Institute, and he did this in some major part with a collection of these "greenbacks" that had long theretofore been suppressed by Ruf. And had it not been for the yeoman services of Wiley Anderson, Eugene Porter, and William Van Baun we might, truly, have left our official hide stretched and tacked on the door of that fearfully hot Medical

College door that session. It amuses us still to recall that this former political enemy, and the successor picked out for our shoes, who, later, to wit, at Atlantic City, upon our refusal to again run for the office, did indeed succeed to our toga, emoluments, various impedimenta, and et ceteras—that these two became the most violent and vituperative of enemies each for and over the other; and that sometime before the sudden and mysterious get-away of the one, and the voluntary withdrawal from the active profession of the other, no two men could lay their several and respective tongues to more fishwifely Billingsgate and ungentlemanly vernacular, still each concerning the other, than this aforetime delectable twain. While, au contraire—excuse this lapse into other languages, but we feel the need of bolstering up our homely screed with something of interest even if only the semblance of erudition—while we still live, occupying the bailiwick and bishopric of the one, and, though somewhat battered, are still in the ring.

* * *

SOMEONE else in Washington, we believe it was, copied a line from a private letter to them, and hawked it about as a personal endorsement of their hell-broth. This enterprising party promptly suppressed the further publication of this line of seeming endorsement when we got after him. But no one, to our present knowledge, can produce a letter written by us, on our letterhead extolling the virtues of soap, or anatomical footwear, or any other purely commercial interest.

* * *

AS we said, ab initio or imprimis, it may not be legally wrong to indite a long and glowing tribute to so homely an article of industry as soap, on a letter sheet, initialed with a medical college advertisement and concluded with a facsimile signature, commending and recommending a commercial article, however cleanly, or on the other hand, well-advertised; but it does leave the impression that the tactus eruditus was not the only "touch" concerned in the production of such fervent epistolary effort; and, further, and finally, that an obscure doctor from Posey County, or even from Chicago, might write a baker's dozen or more complimentary soap letters and not one of them get farther than the soap basket in the office of the soap factory—nay, would not secure for himself even so much as one block of—soap. Evidently While there's Life there's Soap.

Kalmia Latifolia.—*Mountain Laurel.*

BY M. E. DOUGLASS, M. D.

In kalmia we have a remedy acting in a manner somewhat like veratrum viride, both in controlling fevers and in inflammations, as well as in its influence as an alterative, it having been successfully used both in primary and secondary syphilis. Like veratrum it has also been employed hypodermically in the treatment of neuralgia of the face and sciatica. The drug causes tingling and numbness in various parts, neuralgic (or rheumatic) pains, which wander and cause restlessness, and, most marked of all, a slow, weak pulse.

Symptomatology and Therapeutics.—*Generalities.*—Rheumatic pains all over the body; often changing their position, especially in shoulder, elbow, and wrist (puls., cemic.). Bruised feeling all over body (arn.). General feeling as if one had been exposed to a soaking rain. Restlessness, and frequent burning (rhus tox.). Weakness; in morning; in evening; in evening, especially in limbs, so that it was almost impossible to ascend stairs; of muscles; of all muscles, worse exertion, appearing first in those of mastication; could not go above three steps without being exhausted and likely to fall from weakness and dizziness (rhus tox.). Kalmia is very useful in

Rheumatoid pains in various parts, pains shifting, they go to the heart and involve the arms and shoulders, associated with stiffness and numbness (compare lithium). In chronic or subacute articular rheumatism the pains shift from joint to joint. With the neuralgic pains of kalmia there are generally great weakness and trembling, symptoms of paralysis. Acute inflammatory rheumatism, shifting, arms and legs feel paralyzed.

Head.—Tearing; and in neck (cemic.). Vertigo; with pain in limbs. Pain in forehead; extending into roots of right upper molars; sometimes shooting to eye-tooth, at one time easier in forehead, at another in teeth.

Eyes.—Pain about eyes, which makes it painful to turn them. *Stiffness of muscles around eyes and of eyelids* (rhus tox.). Glimmering exactly in point of vision, about 3. P.M., so that reading was difficult, with nausea. Vision imperfect.

In *Inflammation of the sclera*, with extreme

pain on turning the eyes, and sclero-choroiditis, both anteriorly and posteriorly, sometimes with exudation into the vitreous. Retinitis albuminurica, especially during pregnancy. Paralysis of the upper lid, with feeling of stiffness (rhus tox., caust.). Muscular asthenopia.

Face.—Tearing in bones of right or left side; in right lower jaw. Neuralgia. Darting pain in jaw. Pain between right eye and right side of nose in afternoon; in malar bone, extending into right molars and bicusps; under angles of jaw.

Useful in *Facial neuralgia*, especially of right side, with feeling of numbness and stiffness (compare aconite), generally caused by cold; facial neuralgia following herpes zoster (mezer.).

Stomach.—Pressure in pit, relieved sitting erect; worse sitting bent, with feeling as if something were pressed down beneath pit of stomach. Gastralgia in sudden paroxysms.

Urinary Organs.—Frequent micturition of small quantities of urine which feel hot. Very valuable in albuminuria of pregnancy.

Respiratory Organs.—Tickling in trachea. Oppressed breathing; with palpitation and anxiety. Sticking in lower part of chest. *Palpitation of heart*, with faint feeling. Fluttering of heart, on slowly ascending stairs. Pulse irregular. Pulse slow; and feeble; slow, weak, and creeping, the artery slowly contracted and dilated, like the action of an earthworm. The symptoms show that kalmia is valuable in *Angina pectoris*, *Cardiac diseases* of an organic nature, rheumatic endocarditis, valvular insufficiency, hypertrophy and degeneration, slow pulse, paroxysms of extreme anguish about the heart and dyspnea, wandering pains about the heart, extending down left arm.

Back.—Pain; at night in bed; down back; in spine, sometimes worse lumbar region, with heat. Sticking in loins; worse motion: drawing, sticking in sacral region and hip. Sharp pain in loins. Pain in loins; across loins, worse evening; paralytic, in loins at 10 P. M. in bed, with dullness and pain in back. Lameness of loins in evening in bed.

Extremities.—Rheumatic pain in right leg in morning, extending to toes.

Fever.—Rapid alternations of chill and heat (acon.). Shivering with coldness. Shivering, without coldness.

The New Anesthetic.

BY EMORY LANPHEAR, M. D., ST. LOUIS, MO.,

Professor of Surgery in the Hippocratic College of Medicine.

In the May issue of THE AMERICAN PHYSICIAN there appears an article headed "A New Anesthetic," beginning, "A new anesthetic is at present claiming the notice of the profession, says the *Eclectic Medical Journal*, and it is promising to be so meritorious that it ought to be more widely known. It has been in use in some quarters for about a year, more or less, though little notice of it has appeared in print. It is prepared for the market by the Abbott Alkaloidal Company. It can be administered hypodermically, thus doing away with the inhalation plan, and after it is in operation the operator does not need to bother his head about possible chloroform narcosis . . . post-operative nausea, and vomiting are almost entirely done away with," etc.

This combination, producing the so-called "Abbott-Lanphear anesthesia" consists of

Hyoscine hydrobromide.....	gr. 1-100
Morphine hydrobromide.....	gr. 1-4
Cactin aa Co. (from Cactus Grandifl.).....	gr. 1-67

One tablet is given hypodermatically two hours (or more) before operation; a second about fifteen minutes before operation—after the patient is on the table. For huge operations the first dose is given three hours before operation, the second an hour and a half later, and the third (if needed) when the patient is put on the table; in fifteen minutes anesthesia will be profound.

And—to answer the query at the foot of the note mentioned—the patient will be profoundly unconscious in most cases; in a few instances (especially strong men addicted to drink) a little chloroform has to be given by inhalation.

Under its influence the most prolonged and serious operations, excepting upon the eye, may be performed. It is especially useful in abdominal surgery, since following its use there is neither vomiting nor post-operative pain. Usually the patients are awake in two or three hours, even though the three full doses are given (three-quarters of a grain of morphine), but the patient is easy and chatting quietly with the attendants; and next morning almost invariably insists upon having breakfast. Rarely the patient sleeps from ten to fifteen hours; but no alarm need be felt if the color remains good. Nor should the low

respiration (eight or even six per minute) occasion anxiety so long as the face is red. If cyanosis appears the patient may be aroused from time to time. Ordinarily, however, there is not the slightest bad symptom.

The only danger seems to be from injecting the second dose into a vein in the arm or neck; in two cases, of the more than two thousand reports I have received, artificial respiration had to be resorted to for some time, on account of this, but both patients recovered. I have used this form of anesthesia more than four hundred times and could not be persuaded to go back to chloroform or ether. After a few trials I am sure other operators will have the same feeling.

In labor cases it is most excellent in half dosage.

• •

Some Experiences in Intubation and Tracheotomy.

BY J. K. COUCH, M. D.

"When is one of these operations needed?" is a question often asked. The answer is simple, When an insufficient amount of air is entering the lungs. The physical signs of this are: A sinking in of the suprasternal, supraclavicular, and epigastric regions during inspiration, and a rough, harsh, and noisy entrance of air through the larynx. Noisy expiration also furnishes further evidence of serious obstruction. I further maintain, if one is in doubt whether the operation should be performed, operate; do not wait. I can remember losing three cases, for which I blame myself, in giving the children the benefit of the doubt and postponing operating for twelve to twenty-four hours. When more exhausted the child will be less likely to benefit from the introduction of the tube. With respect to the contraindications of the operation, there really are none. No child is too young; I have operated on one a month old.

It is a bad omen for the success of the contemplated operation if the supraclavicular and epigastric areas do not markedly recede or fall in with inspiration. This shows that the lungs are engorged with blood and that the energetic respiratory effort is failing to produce a partial vacuum. Nevertheless, the surgeon should give the child the benefit of the operation, even if it is evident that the lungs are implicated. In one case of diphtheria and double broncho-pneumonia

in a child of three, who really was very ill, I intubated; the child coughed the tube up on the fourth day and recovered. Intubation apparently by the ordinary non-operating medico is looked upon as an extremely difficult and dangerous operation, and one that should only be attempted by the expert, and cases of threatened asphyxia should be relieved by them by an ordinary tracheotomy. The possible dangers of the intubating tube pushing the membrane down in front of it, tearing of the vocal cords, the passage of the tube into the esophagus, the production of ulceration of the cords and consequent stenosis are ever present in their minds.

Up to the present I have performed the operation about ninety-six times—that is, not on ninety-six cases, as I count each time I remove and re-introduce a tube as an operation. I have intubated about forty cases, mostly cases of diphtheria, and a few cases of edema from steam, etc. My opinion is, that as far as the ease of the operation is concerned, there is no difficulty in operating on a child of three or four years of age or under, but each year above this age increases the difficulty, until in adult life it really requires great manual dexterity. I prefer Dr. Codd's modification of O'Dwyer's instrument, as the slide in the latter's introducer makes it a more difficult instrument to use.

Some surgeons intubate in the dorsal position, but I prefer the child in the upright position. I should like to lay stress on the following points: (1) Keep the head perfectly vertical, (2) hold the introducer in the middle line, (3) make several short attempts rather than one prolonged one. I prefer sitting facing my patient to standing in front of him. In order to ascertain if the tube is in the larynx, pull a little on the string which is attached to it, and feel for the arytenoids behind it; if you feel them behind the tube, give the latter a push home; if, on the other hand, you feel them in front of the tube, you know the tube is in the esophagus, and the operation has to be done again. The peculiar breathing of the patient also aids one in deciding this point. I never divide the silk, but fasten it on to the patient's left cheek under a piece of plaster. I warn the child not to grind it with its teeth, and I also keep the arms wrapped up in a towel for the first twenty-four hours, so that it will not inadvertently pull the cord out. Another point: I always put two or three knots in the silk to pre-

vent it coming out of the tube if one side is bitten through. To my mind, one great advantage of intubation over tracheotomy is that permission is more readily obtained to pass a tube through the mouth without any cutting operation. It need not be called an operation. A tracheotomy would probably be refused, as the child was not yet bad enough. It can also be done without chloroform. The majority of intubations that I have done have been in private houses, without skilled assistance. Be very certain that the tube is in the larynx and not in the esophagus. I can call to mind one case where the tube passed per rectum, through the practitioner cutting the string before he had made quite certain on this point. A few words about the removal of the tube. If the silk has been allowed to remain attached, this is an easy matter. A slight pull on the silk and the tube is removed easily. I well remember in one case of a boy of ten years; it took three of us half an hour to get it out, because the string had been previously divided.

I should like to mention one case, which I believe is almost unique. A physician prescribed five grains of potass. iodide at 3 o'clock one afternoon to a man with a squamous syphilide. The dose was repeated at 7 o'clock. I was sent for at 8 o'clock, and I found the man suffocating. The whole of his body was swollen enormously. I attempted to intubate, and at the first attempt the man fell back apparently dead, but a stab tracheotomy on the floor saved his life, but only to succumb in six months' time at another hospital of the same complaint and also to pot. iodide. I have searched many authorities, but have not come upon a case so acute as this. It was only after the man left the hospital that I came to the conclusion that it was pot. iodide that had caused the edema. I believe in this case I passed the tube into the esophagus when I attempted to intubate.

From the results that I have had in intubation, I claim that one can save the majority of cases if an intubating tube is passed as soon as signs of laryngeal obstruction are sufficiently severe to cause indrawing of the supraclavicular and epigastric regions; but if one waits until edema of the lungs and broncho-pneumonia have set in, the results are not any better than those of tracheotomy.

My experiences have taught me to always have a tracheotomy set handy if one's intubation cases

are very ill. In each of the following cases there was extensive broncho-pneumonia as well as the laryngeal obstruction: 1. The father was holding the child up in his arms, and the child's breathing stopped as soon as I introduced the tube. A stab tracheotomy with my pocket scalpel was of no avail. 2. A similar case and the same thing happened. I did a tracheotomy, and the child lived for twenty-four hours. 3. In this case I had a tracheotomy set ready, and once more the breathing stopped. I was going through the skin when the child gasped, and I did not proceed any further, as the intubation tube was sufficient to save the child's life.

With respect to individual preference between intubation and tracheotomy, I can but give my individual conclusions. In early stages of cases of laryngeal obstruction in children I should intubate, and in bad cases do a tracheotomy.

A few points about the difficulties of tracheotomy. I will not weary you with such essential points as keeping the head in the middle line, the throat raised up prominently by the neck being extended over a sandbag or bottle, equable retraction, etc. I always make a point of seeing the trachea rings. This very point saved me once from going into the esophagus in doing a low operation for malignant disease of the larynx. Although I did the operation deliberately, I had calmly pushed the trachea on one side and had come upon the esophagus before I recognized my mistake. Mishaps usually occur during tracheotomy from too much haste. Undoubtedly in this operation it is a case of more hurry less speed. If in one's hurry some large vein is opened, and time has to be taken up in the stopping of the hemorrhage, more time would be lost than if you had proceeded calmly and slowly. A very good rule, according to Berry: "However bad a child's breathing may be, it is probable that it has at least another twenty minutes to live," which is sufficiently long to do the operation carefully. So long as breathing continues, do not plunge your knife into the trachea until you have stopped all hemorrhage. Secure all hemorrhage and then open the trachea. When the trachea is opened do not be in a hurry to insert the tube, but allow the child to breathe through the opening kept patent by the tracheal dilators. Let the patient cough freely and expel as much mucus as possible. Membrane can be expelled more freely

through the open wound than through the lumen of a tube.

Fenwick gives the following tip: Secure the tape by knots, do not tie with a bow, which little fingers can undo. I have had the usual troubles with retained tracheal and intubation tubes. I had one case of sudden death after removing the intubation tube on the fifth day. In this case, which was at a distance of four miles from my house, I intubated in a severe case of diphtheria, and the child did very well. I removed the tube on the fifth day and remained half an hour afterwards, the child being very comfortable and breathing well. Four afterwards I had an urgent telephone message to come out at once. When I reached there by motor the child was dead. The mother informed me that the child had given one gasp and then died. I certainly think it is more difficult to get a child to breathe without an intubation than a tracheotomy tube. A nurse can change the latter unaided, while the former requires a skilled operator.

Important as it is to see that the tracheotomy is performed early in the disease, it is little less important to see that it is subsequently taken out as soon as possible. If left in for four or five days it is often difficult to get the child to breathe without one. There are comparatively few cases in which the tube cannot be removed, at least for a short time, the second day after the operation. It is seldom necessary to retain one longer than four days. I never suture a tracheotomy wound, but allow it to granulate. If it is sutured snugly I am positive one may get surgical emphysema. I saw this happen in a case of a friend of mine, who did the operation perfectly, and the wound looked very nice, as the child left the table to succumb in twenty-four hours to an attack of emphysema. As a dressing I prefer carbolic oil to anything else.

Just a few words about the length of the wound. Of course we have all done emergency operations through very small wounds, but I am sure better work is done with a skin wound of at least two inches in length.

—The new officers of the American Homeopathic Ophthalmological, Otological, and Laryngological Society are D. W. Wells, M. D., President, Boston; and H. S. Weaver, M. D., Secretary, 1621 Chestnut Street, Philadelphia.

Callinsonia Canadensis.

BY W. THEOPHILUORDS, M. D.

Callinsonia is one of the drugs introduced to homeopathy by the late Dr. Hale in his *New Remedies*. It is chiefly used by us in piles and constipation, also in inflammatory conditions of the rectum. But its sphere of usefulness is actually far wider than this, and, indeed, almost rivals the polychrests in extent and value. My attention having lately been drawn to this fact by an article by Dr. Ellingwood, in the *Medical Brief*, it seemed that a short sketch of the drug incorporating these recent experiences might be of interest.

The action of *collinsonia* on healthy human subjects is to produce portal congestion, followed next by catarrh of mucous membranes, and, finally, cardiac distress, ending presumably in dropsy. It seems probable that the heart symptoms are produced by back pressure through the right side of the heart, secondarily to the venous congestion and engorgement which is the primary effect of the drug. Necessarily the lungs also are engorged, pains and cough are experienced, and in Clarke's Dictionary of Materia Medica "hemorrhage from lungs" is recorded as a symptom, whether cured or produced is unfortunately not stated. The catarrhal condition of mucous membranes affects them all, from nose to anus, and is produced by the venous engorgement of the capillaries and blood supply. In accounts of the provers, and of cured cases, it is not easy to detect if *collinsonia* has any specific action on the nervous symptom, but Farrington compares its action to that of Stannum in neurasthenia; and in Dr. Burt's provings "irritation of cardiac nerves" was thought to have occurred. These facts are sufficient to indicate that the sphere of action of *collinsonia* is more extensive than we generally suppose, and that it should be thought of in many conditions in which we tend to ignore it. These conditions may be briefly considered under the head of its three spheres of action—(1) portal and gastric, (2) mucous membrane, (3) cardiac.

(1) *Portal*.—The two common uses of the drug come under this head, *i.e.*, for piles, usually with bleeding, and with a sensation as of sticks in the rectum, with pressure; and for constipation, especially if associated with piles and bleeding. But it is obvious in tracing the action of the drug in the system that this begins in the liver, and

that a passive congestion of that organ is the first step in the chain of symptoms that follow. Hence we have gastric disturbance with diarrhea; this results—by exhaustion—in an atonic condition of the stomach, and also of the bowels, thus causing a condition of extreme constipation. Colic, flatulence, and nausea, with cutting pains in the stomach at rest, and weight in the epigastrium, are symptoms which sufficiently indicate the cases of gastric disturbance which *collinsonia* will relieve. Dysentery with hemorrhoids and tenesmus is also amenable to this remedy, and its use in sub-acute *proctitis* and *prolapse* both of rectum and vagina must not be overlooked.

But whilst the effects of portal congestion on the circulation in mucous membranes has been made use of, the fact that venous congestion in the superficial and other veins occurs has been ignored. In the paper referred to above, attention is called to the fact that *collinsonia* is of great value in *varicosis in any locality*. Dr. Ellingwood has for twenty years past used it in persistent varicosity in the limbs, in varicocele in young men, and lately in a case of acute varicose veins in the vagina in a woman five months pregnant. In all these conditions the results have been marked and satisfactory, and many reasonable early cases of varicose veins and of varicocele have been cured by *collinsonia*, when indicated by the total symptoms.

(2) *Catarrh of Mucous Membranes*.—Whilst the primary effect of *collinsonia* in mucous membranes is due to venous congestion of the capillaries, the secondary effect is to cause chronic catarrhs with mucous discharges. Hence, in the nose we have nasal catarrh, with heat of face, frontal headache, and also bleeding piles and constipation. Such a combination will certainly yield to this remedy. Similarly catarrh of the pharynx, larynx, and bronchial tubes, when accompanied by symptoms of portal congestion, especially if relieved by bleeding from anus, returning when bleeding ceases, are especially amenable to treatment by *collinsonia*. It has been used also with success in sub-acute cystitis from pelvic congestion, and should not be forgotten in this condition. Mucous discharges from the bowels, both with constipation and diarrhea, indicated the secondary stage of its action on the venous capillaries lining the membrane. Hence in muco-enteritis, and in some forms of dysentery, *collinsonia* will effect a cure, and has been so used by Dr. Ellingwood.

It has also a special value when given before operations for fistula, piles, or other rectal conditions. Much as *arnica* is known to be of value previous to operations on other parts, so *collinsonia* finds its sphere in strengthening the rectal circulation and removing congestions preparatory to operations in that region.

(3) *Circulatory*.—The action of *collinsonia* on the heart has been referred to. It is said to produce good results in functional heart disorders with palpitation, when pelvic congestion is present, and especially when the symptoms are relieved by hemorrhage from rectum, only to return after cessation of that discharge. Sensitiveness about the heart, fullness, oppressed breathing and faintness are indicating symptoms, according to Dr. Clarke. *Collinsonia* is said to also be of use in cardiac dropsy, and when the general congestive symptoms are present; it might certainly be tried then with a prospect of success.

Sufficient has, perhaps, been said to confirm the statement that *collinsonia* has a wider field of action than some of us may have supposed, and probably we might all study the drug carefully and use it more frequently with success. Finally, Dr. Clarke tells us that pains in the limbs and joints were experienced by some of the provers, and that neuralgia and rheumatism in suitable cases have been also cured by it. There need be no difficulty in selecting these cases, if the fundamental principles of the drug-action be kept in mind: *i.e.*, portal and rectal congestions, with tendency to venous hemorrhages and mucous discharges, usually with piles and constipation.

♦ ♦

Mental Influences as Curative Agents.

BY GEORGE J. SIMPSON, M. D.

During the past twenty or more years, the power of mental influences over the bodily health, in some name or other—"Christian Science," "The Faith Cure," "The Prayer Cure," etc.—has been much extolled. While one and all of these contain much to be condemned or even laughed at; each in turn, has something of good in it;—some kernels of wheat among the chaff.

Superstition is the natural product of all ignorant, yet thinking minds. The recognition of supernatural power is common to the human family wherever found and under any and all

circumstances. Wherever an effect is seen the cause is looked for, and if not recognized among the patent, tangible operations of nature, the imagination plumes its wings, and, soaring above the earth, finds the sought-for origin in the limitless domain of the unreal, the speculative, and the supernatural. Let mystery but spring up and a moment brings forth its brood of superstitions. Disease, hidden in its origin, silent in its march, invisible in its hiding-place, and but the fore-runner of the great mystery of mysteries, is the fountain-head from which spring the superstitions that have darkened the earth.

It is not strange, then, that man, in his early history, before the light of science had shed its rays upon the darkened world—when every calamity was attributed to the wrath of the gods—should come to look upon the physician, he who essayed to peep into the secrets of Omnipotence and arrest the decree of fate, as a supernatural being.

Æsculapius had temples which rivaled in magnificence those of the mighty Jove himself, and was served by priests who burnt incense and sacrificed on his altars. Toxaris, a Greek medical man of far-famed erudition, who was said to have arrested the plague in a supernatural way, had erected to him by the grateful Athenians an altar on which a white horse was sacrificed every year.

The union, for ages in the same office of priest and physician, did much to give to medicine and medical men reverence, amounting to worship, and shrouded it in a cloud of mystery, which is still unlifted, for medicine has been, and continues to be, an art so conjectural that our astonishment at the anxiety with which empirics have been sought after is much diminished.

Many, very many of the superstitions connected with the early history of medicine prevail now, as they did in former times, with this exception: then they were universally taught, received, and practiced by the learned; now, as a general rule, only the ignorant give them credence, and the large number of the latter class, owing to the superstitions of the negro population of the South, invests the subject with additional importance.

"The blunders of the weak are short-lived, but a false theory struck in the mint of genius, often deceives the learned and passes current through the world."

Dr. Isaac Letsome, one of England's greatest

physicians in his day, an ardent disciple of the antiphlogistic treatment of disease, was much worried to find over his sign, which read I. Letsome, the following couplet, placed there by some wag:

"When sick folks do to me apply,
I purges, vomits, bleeds and sweats 'um;
If after that they choose to die,
I Letsome."

It has been affirmed, and probably with truth, that during the bleeding era of medicine, the lancet numbered more victims than the sword. Dr. Rush, the grand high priest of medicine in America about one hundred and fifty years ago, was founder of the first, and now probably the best, school of medicine on the continent. The doctor was also a minister of the gospel. Gorgeously framed in the museum of the University of Pennsylvania is a prescription he wrote on the fly-leaf of a prayer book in answer to a summons to see a sick girl. In pencil are these words: "Let the wench be blooded. I will see her after the service."

It is not strange, then, that darkness and error should reign so long, when we remember that such men as Pythagoras, Paracelsus, Galen, and even Roger Bacon, in their almost total ignorance of the fearful and wonderful construction of man, this last delicate handiwork of the Creator, believed in alchemy, astrology, charms, and amulets.

Astrology, or the science of the stars, gave rise to the study of astronomy. Galen held that a man who was ignorant of astrology was unfit to practice medicine; he was a common cheat and no better than a murderer. The horoscope of every person of importance was taken with special care.

"The moon, that wandering ghost
Which walks in penance nightly,
And sheds so sad a light,
Although it shines so brightly,"

has turned the brains of many men. Hence the word lunatic. Bulwer's Ione says:

"I watched its face when a child,
Until it turned my brain;
And now I often weep to think
'Twill ne'er be right again."

An eclipse of this luminary has always been regarded by the ignorant as an omen full of evil.

Not only the tides and vegetable substances were under the control of pale Luna, but all animals born when she presented her stern-visaged profile to our gaze were irritable, weak, and short-

lived. On the contrary, when her broad and rollicking, red-faced majesty was seen in the east, just after old Sol had retired behind the western hills away, such creatures as she then gazed upon for the first time were in life to be merry, prosperous, vigorous, and long-lived.

That disease is cured by faith and prayer is so well attested it would be foolhardy in me to contradict.

Over the old houses in Edinburgh there are still remains of talismanic characters which the superstitious of early ages caused to be engraved on their fronts. Our modern man who is superstitious—and who has not a touch of it?—wards off witches and evil spirits by placing over his doorway a horseshoe, which is certainly cheaper, if not so ornamental.

Which is the more superstitious, the man of old who prayed to St. Anthony (the saint who had rheumatism under his charge), and wrote at the wane of the moon mysterious words on a golden plate wrapped with the sinews of a crane, to be worn near the part affected, or the average American, who, during the summer, carries an Irish potato or a horsechestnut in his pocket and clothes himself during the winter in red flannel?

One of the most intelligent patients I ever had, a terrible sufferer from cramps in the lower limbs, after my remedies were unavailing, was cured by simply tying a flannel cord above the knees. The cramps returned when this was left off, but a second recourse to the same expedient was as successful as the first. The amount of testimony which I have procured as to the efficacy of a pan of cold water under the bed of a person afflicted with night sweats is perfectly overwhelming.

The belief that east winds are forerunners of epidemics, and that they portend evil, is an error deeply grounded in the minds of the people and the medical fraternity. Those religiously inclined probably think that because an east wind brought locusts into Egypt, therefore on its wings can come nothing that is good, not stopping to think that Palestine is east of the Nile. As all lore originally came from the East, the professional men doubtless base their theory on Hindoo medical ideas, for, according to one of their theories, the body is composed of one hundred thousand parts, in which are comprised seventeen thousand vessels, each of which has seven different channels and in which are ten species of wind.

Diseases arise from the irregular directions of those winds, and as external air, which enters the lungs in the act of respiration, is the source of all winds, the best preventive of diseases consists in not breathing too quickly. After the air has been purified in its long journey across the Atlantic, it is strange, aye, cruel and senseless, in the citizens of Portland, Boston, New York, Norfolk, Savannah, or Charleston to dread it or give it a bad report, for an east wind is as much dreaded by the inhabitants of the Pacific Coast as along the Atlantic seaboard. If an east wind is deleterious in Savannah, what is the cause of it? It comes from the sea laden with the chlorides and heavily impregnated with moisture, I almost hear someone say. In Spain the only wind which blows over dry land is from the east, and yet the people say it is an unhealthy one. The north and south winds in France—one bracing, the other a gentle zephyr—are borne on old ocean's bosom. Nevertheless, popular prejudice heaps calumnies on the east wind, laden with the fragrance of Rhenish vineyards, pure from Swiss mountains, balmy from Italy's waving corn-fields.

Accident has caused many discoveries in science and superstition has indirectly led to others. Sir Kenelm Digby's magic powder, that was applied, not to the wound, but to the weapon which inflicted it, gave rise to a rational treatment of surgical injuries; for in course of time sensible men saw that it was the rest and withholding of irritating applications which worked the cure.

St. John the Evangelist, in describing the celestial city, the new Jerusalem, says, in substance, that through the midst of it ran a river of water, clear as crystal, and on either bank grew twelve manner of trees whose leaves were for the healing of the nations. The only tree on this earth comparable to these heavenly ones is the cinchona, from which we procure quinine. The history of its introduction teaches that when carried to Europe, as it was by the Jesuits, "that learned bigotry condemned what unlettered savages had discovered, and one religious body zealously spurned a priceless boon that had been introduced by another whose form of faith they derided." Nor did it overcome the sneers of the learned or the hate of bigotry until an English quack succeeded in curing a man of high rank, and then fashion broke down the prejudices which reason could not remove.

The metallic tractors of one Perkins created no little stir in their day, but Dr. Hogarth showed that wooden tractors painted in the same style were equally efficacious as remedial agents. It was the effect on the imagination and the belief of the patient that did the good. For it is the confidence of the unblushing charlatan and the faith of the patient that cures. "Imagination," says Lord Bacon, "is next akin to a miracle, a working faith." The old English name of scrofula was king's evil. Hundreds of people were cured of this disease by a touch of the royal fingers. These are historical facts. Von Helmsldt affirmed that he had discovered a metal of which, when made into a ring and worn, not only the pain attendant on hemorrhoids would vanish soon, but that they, be they external or internal, would dry up and disappear in a few days. His rings had a large sale, and wrought many cures. But commend me to the modern, who carries a buckeye in his pocket for this disease: it is *vegetable—purely a vegetable*—and cannot *ex necessitate rei* be poisonous!

Dr. Johnson, well known not only as a man of science, but a prince among gentlemen, stated that he had known a large number of intelligent people to raise black cats for their blood, to be used as a cure for erysipelas.

Electricity, while it has its army of advocates, has never, under my observation, cured a single disease. I have tried to believe in it, but find it is recommended principally for nervous diseases, such as are greatly influenced by the mind. I have just finished reading a book on electricity. In it is chronicled a case of obstinate chills and fever that, resisting all treatment, was finally cured by electricity, the precaution being taken to give the liquor hammondi three times a day in conjunction. I had a curiosity to see what the liquor hammondi was, and in a footnote I found that it contained strychnine, quinine, iron, and phosphorus. How could I avoid being reminded of the brave fellow, who took to the loft when the bear came, and there remained till his wife killed it, and after the smoke of battle had died away, he patted her on the back and said: "Ain't we brave, Nancy?"

It would be a useless, tiresome, and profitless waste of time to dwell further on the superstitions that have enveloped medicine and that still control, to a great extent, the action of drugs upon the human body, and hang like a nightmare

around the very science itself; for to enumerate them would require a "thousand tongues, a throat of brass, and adamantine lungs."

The hoodooed or tricked American citizen of African descent was reared seeing around him those who believed that the air was peopled with invisible forms; that the moanings of the wind were requiems to the dead; that strange birds hovered around the hut of him who was soon to commence that journey from whence there was no return; the shadows at twilight were "hands which you could not see, that beckoned him away," the sudden breaking of silence in a solitude "were voices which said he must not stay." To the uneducated mind that accepts the doctrine of the immortality of the soul the life beyond the grave, the belief in the supernatural, would come to be a doctrine readily accepted; for if faith has wafted the spirits of the dead to the further shore of gloomy Styx, it needs but a short and rapid flight of the imagination to bring it back to the haunts it knew when embodied in the flesh, especially if there were a motive for its return in the way of unsettled scores.

But indeed this strange and weird fancy does not find its slaves alone among the ignorant and unlettered. Nor is it confined to any station in life, or any age, but found its development as well in the nineteenth century in the person of Ichabod Crane, as, with staring eyeballs and chattering jaws, he belabors the ribs of old Gun Powder, scours the valley of Sleepy Hollow, while hard behind him rides the headless Hessian; as in the hardy king of Scotland, who, amidst the hosts of his Highland chieftains, trembles at the ghost of murdered Banquo.

Indeed, it is said there is not a tongue on earth that is not rich in legends of the dealings of the spirit world with this wide-awake, real, and sunlit world of ours. In the face of science, the teachings of religion, the dictates of reason, the scorpion-lash of ridicule held ever threatening up, who can say he has not nor will ever feel the promptings of this strange fear of the unreal? I would not have this question answered in the full glare of day, not even in the twilight hour amid pleasant surroundings but in the hush of darkness, the witching time of night when graveyards yawn, and shadows creep forth from among the darkness of burial places. In such a place and among such surroundings let the question be answered. How impotent is reason in the

presence of the supernatural! I care not when or where the struggle comes, nor upon whom the test is made. Let it be the philosopher, whose well-balanced mind has weighed all things, and whose judgment tells him that nothing but that which is real can exist. Let it be the dauntless mariner, whose foot has trodden every shore, whose eyes have looked upon all the waters of the earth, whose hardy courage has known no faltering, though the storm king rode upon the wings of the wind, and the angry sea opened wide its countless mouths. Let it be the hero of an hundred battlefields, who amidst shot and shell and blood of conflict, laughed at death and knew not how to fear. Let it be the man who, sustained by a heaven-born courage, walks amidst the air of pestilence unflinchingly in his rounds of duty, as he ministers to the wants of dying and suffering humanity. Let him, let them all, who have faced death fearlessly in all its forms, come face to face, as they dream, with a specter from the world beyond the grave, and every hair will stand on end, the coward blood rush back to its source, and reason desert her throne.

I do not wish to depreciate the value of drugs as remedial agents. They hold an important place in therapeutics, from which they can never be dislodged. They are not, however, the sole or chief reliance of the physician. They are auxiliary to other or more potent forces, whose subtle influence, unperceived and unrecognized by the illiterate, are often decisive of the issues of life and death.

Every physician is aware of the immense influence the mind sways over the body, and when wise, he utilizes this to his own renown and the patient's good. The patient's surroundings, his clothing, his food, his thoughts, misdirected too often by almanac literature and ingeniously gotten up remedies, are all, each and every one of them, agents which we are forced in practice to accept as means of cure. The neglect by too many of us of paying attention to these four all-important agencies has led to the almost universal belief that we are limited, or limit ourselves to drugs alone as agents against disease. In answer to the question "What was your treatment?" most persons, medical or non-medical, expect only a catalogue of the drugs administered.

"Cure her of that:
Canst thou not minister to a mind diseased;
Pluck from the memory a rooted sorrow;
Raze out the written trouble of the brain;

And, with some sweet, oblivious antidote,
Cleanse the stuffed bosom of that perilous stuff,
Which weighs upon the heart?"

is a question asked by Macbeth of the physician, which must still be answered, "No, not by drugs."

When we take a retrospective glance at the condition of medicine in former times, and reflect upon the amount of ignorance, credulity, and superstition which prevailed, we cannot fail to be struck with the immense improvement that has taken place in comparatively modern periods, and must be encouraged in the hope that as the physical and moral sciences pursue their onward progress, and as the means of observation and experiment are augmented and facilitated, our own noble science may attain a pitch of perfection of which at the present day we can form no adequate conception, shedding light where all is now obscurity, and tending to dispel doubt and difficulty wherever existent. "Let them be terrible in constant resolution," to ennoble, elevate, and advance our science. Three score years and ten are allotted to men to live. That the average human life should be seventy years is our mission. Then, with this grand motto engraven on our banners, "We dare do all that may become men: who dare do more is none:" let us continue the strife against disease and premature death.

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*Certainty in Medicine and the Single Remedy.**

BY J. S. NIEDEKORN, M. D., VERSAILLES, OHIO.

I feel disposed to believe that the thoroughbred Eclectic does not prescribe many compounds; that the assertion that no single remedy can take the place of a compound is accepted with incredulity. I am also of the opinion that our position as distinct therapeutists must of necessity be a desperate one if we must recognize as a fact that compounds are indispensable for the alleviation of diseased conditions; the situation is a deplorable one if a single remedy must be shelved to make room for the vast amount of medical hodge-podge recommended by supposed Eclectics; we are in a pitiable and lamentable condition as direct medicationists if poly-pharmacy methods unquestionably must supersede the exhibition of single remedies in disease.

If the methods of the multi-combination professed Eclectic are correct, then I regret and rue

* Dr. Niekorn writes from the standpoint of an Eclectic, but the honest homeopath will find a fine lesson in this paper. We heartily commend it.—*Ed. A. P.*

the day I affiliated myself with the Eclectic system; but because I know from personal experience that his methods are mostly incorrect; that they are superannuated, to say the least; that they are not Eclectic in spirit, I am proud of having accepted the opportunity of, associating myself with the modern and true Eclecticism, the object and motive of which is to explicitly teach and practice direct medication and its intimacy with diseased conditions.

I repudiate the proffered proposition that no single remedy can take the place of compounds, and that all physicians use them (the compounds) *as a rule*, and declare that most up-to-date and thoroughly qualified therapeutists have implicit confidence in their single remedies, and find little or no occasion to employ any of the quadruple or even septuple combination prescriptions dealt out to readers of medical journals by those who, to a nauseating extent, are continuously extolling the virtues of their therapeutic jumbles.

Simplicity, direct medication, and the single remedy are the very backbone of modern Eclecticism, and to my mind there is nothing so well calculated to bring that into disrepute and so disparaging as the perpetual advocacy of medical conglomerates which emanate from supposed Eclectics, and are published in Eclectic journals.

The Odium of Eclecticism!—written about years ago. Does such practice contribute to its eradication? Does it not rather produce a pretty good imitation of a massage procedure? Have all the teachings of Eclectic colleges, so far as concerns therapeutics, been for naught, and do we have to accept as a fact that medical compounds are an absolute necessity for the alleviation and cure of disease? Is it wrong that we should entrust a single remedy to relieve the sick who appeal to us for aid and commit themselves to our care? Absolutely no, and again no!

The successful prescriber of drugs cannot be induced to believe that certainty in medicine can be attained by any drug combination method, not only because he knows that such manner of procedure has its necessary accompanying impediments to positiveness, but also because he has learned what a remedy can and will do, and has long ago established therapeutic facts by administering remedies singly or in simple combination for specified conditions. He gets satisfactory results by simple means, and knows with what and under what circumstances he got them.

There are Eclectic physicians who assert that

they have succeeded in effectually curing disease with a combination of remedies where single remedies absolutely failed to even relieve. And I know that simple single remedies have quickly cured cases where barrels of compound stuff had been swallowed without any desired result. Cases are relieved and cured every day with single remedies, and where the employment of two or more remedies would be absolutely superfluous. It must be admitted that there are instances where a combination of remedies are productive of admirable results; instances where one remedy proves a valuable adjunct to another; instances where several remedies are clearly indicated. It is not these that we oppose and are averse to particularly, but it is this habit of administering fixed prescriptions for most anything and everything—a combination of drugs for every ailment, that we unequivocally denounce as a direct means to actual medical retrogression, and if persisted in, will eventually lead to medical nihilism. These conclusions may seem very pessimistic, but they are what we believe, nevertheless.

Combination prescriptions do not enhance the therapeutic value of medicinal agents, and whatever else they do not do, they do cause one to wonder to what extent the present-day therapeutist has fortified himself with absolute therapeutic facts—how much more certain is he of drug action and of therapeutic effect than was he who practiced medicine thirty or fifty years ago? In this connection let me quote an editorial from the *American Journal of Clinical Medicine*: "What certainty in any one particular means is scarcely comprehended. But just look over any article in which drug therapeutics is mentioned and note that the writer invariably suggests that we 'try' his remedy. Good heavens! Have we nothing that is sure in therapeutics after all these centuries? Are we to be eternally 'trying' things and never to really know a therapeutic fact? Surely we ought to be able in this day of enlightenment and science to know what a drug will do, and when its powers are required. Does not each succeeding generation add a certain store of therapeutic facts to those of the preceding centuries?"

I would say if it doesn't, it should; but it *does*—not by any of these half-hearted and uncertain fellows who are groping about in the shadows of ancient custom, and who never will be enlightened to real and scientific facts, because it seems

they will not permit themselves to be deprived of their ingrained and antiquated habits; they are not the people who are "adding stores of therapeutic facts" to what has been learned by actual, diligent, and definite research. The "trying" suggestion usually emanates from the dominant school, and, we are sorry to say, from half-hearted and weak-kneed Eclectics; trying must be their method because they haven't got to anything certain in medicine yet. Try this (and *this* is usually a prescription calling for from three to six ingredients) in pneumonia, dyspepsia, typhoid fever, etc. That's the most certain way I can conceive of to perpetuate *uncertainty* in therapeutics, and proves an everlasting impediment to medical progress.

If we preach specific medication, and practice poly-pharmacy, we are hypocrites, and have no right to expect any kindly and serious consideration from our critics; the more proficient we become with the use of each therapeutic agent, the more we know of the scope of action of each drug, what it can do, and under what conditions it will do it, the less use we will have for drug combinations, and the sooner we will have established medical truths and certainties. We have not yet reached that stage when all is known about medicine that will be known; indeed, both chemist and pharmacist, men who get down to the very root of the problem, and who are endeavoring to provide us with drugs of absolute purity, and uniform in constituency, declare that the medicine problem has not yet been solved as it will be.

The physician, the true therapist, who is continuously on the alert for precise therapeutic facts, strives for his purpose to employ only trustworthy medicinal agents, uses them for definite conditions and for a definite purpose, has no use for drug combinations because he does not need them; his habit of going into every detail has alienated him from drug coalition—he actually would not know when to use them.

Prescribing *at* symptoms and *for* pathological conditions are different propositions. Guesswork and fads are what put the Allopathic Materia Medica "on the bum," if you will pardon the expression. Don't guess—be exact; don't become inoculated with enticing fads, nor allow favorite prescriptions to be your only stock—your reputation and the welfare of your patient can't afford it.

I have been asked, "Do you always succeed with a single remedy—never have any failures?"

Let me answer to the first No, and to the second Yes, and when I am defeated I pretty well know to what I can attribute my defeat. Eliminating natural causes, failure in exactly determining conditions, and my error in judgment in the selection of the proper corrective agent are the predominating causes. In other words—the fault is mine, and not that of the system. A recent experience will illustrate. A young man came for medicine for a cough. Two years ago he contracted a cold, and, so far as he knew and had been informed by the half dozen physicians whom he had consulted, the cough was the result of the cold; for he had been coughing since that time. Physical examination explained nothing definitely—the dry, irritable cough, worse at night, was the feature. Had taken all kinds of cough medicine; tonsils removed and uvula snipped off; used inhalants freely—all to no lasting effect. That the cough was a reflex condition, I believed; but of what! My first medicine was bryonia, with no results; next, hyoscyamus, and no results; then ipecac and bryonia, and again no results. Sanguinaria nitrate proved useless, but jaborandi relieved some; so did pulsatilla, but nothing satisfactory. Drosera cured within ten days.

I'd rather be called a "Scudderite" and *be* one than to be classed in with medical mugwumps and be *nothing*. What are the younger members of our school to believe if our colleges and textbooks teach specific medication, direct medication, simple medication, and medical journal contributors champion combination prescriptions and fling them about for anything and everything—medicine sample fashion? The young graduate in medicine, to his delight, is accepted as a member of a medical association. At a meeting of his society he displays a keen interest in the proceedings, and in the midst of a heated discussion he hears a gray-haired medical man declare that the best remedy he knows of to cure a cough is "Ayer's Cherry Pectoral." Does such declaration encourage a further study of his materia medica? and would such announcement at the very threshold of his professional career stimulate him to take up the work begun by the fathers, and do his share in the promulgation of therapeutic facts? If he is not too disgusted he will readily see the necessity of going to the defense of those who are unceasingly striving to eliminate haphazard methods and to determine absolute therapeutic facts, for they want to build up, and not tear down; they want to fortify the science of medicine with absolute medical truths, and do it intelligently and scientifically. Simplicity is the safeguard of the successful medical man, and is one of the essentials of modern Eclecticism; the more of it we have and the more we can get, the sooner we will have reached the pinnacle of therapeutic truths. Be a man, or be a mouse.—*Eclectic Medical Journal*.



The Medical Library

By O B SERVER

Handbook of Physiology.

Dr. Austin Flint, who is Professor of Physiology at the Cornell University Medical College, one of the largest of the New York schools of medicine, is well known as a voluminous writer on medical subjects, and is perhaps best known in physiological circles as the discoverer of sterocorin, a derivative of cholesterolin found in the feces. As a veteran teacher, anything issuing from his pen is entitled to careful consideration and respect, and one therefore approaches his newly-issued Handbook with sympathetic regard.

There are many men well advanced in years who continue youthful in their ideas and enthusiasms, who possess the power of assimilating the new discoveries which are true, and in exorcising the old theories on which they were reared. But Dr. Austin Flint cannot be placed in the same category. His work was in the past; his thoughts and ideas are still there, and in those rare moments when in brief sentences or footnotes he attempts to interpolate something more modern the result is usually confusion. It is only fair to students to state frankly and at the outset that his present book is fundamentally imperfect, and can give them no notion of the present position of the science of physiology, for it contains little that was not new a quarter of a century ago. It is now a good many years since anatomy and physiology were taught in a single textbook or by a single lecturer. Specialism in both has progressed so far that this is no longer possible. The advantage of the old system was wholly on the side of anatomy, the dry bones of which became more interesting when considered in physiological clothing. The disadvantage to physiology was that it was apt to be drowned in the sea of anatomical detail with which it was diluted. Had Dr. Flint's handbook appeared in this era it would have been welcomed with enthusiasm, but at the present day it bears so much the impress of the old anatomical physiology that one can only wonder that it is a product of America, whose boast is that it is fully up to date

in everything in general and in things educational in particular.

Dr. Flint has not grasped the fact that physiology has become an experimental science, and cannot be deduced from mere anatomical considerations. Any account of the more exact methods of physiological study, like the graphic method, is almost entirely omitted. Any exposition of the reasoning by which deductions may be formed from experiment seems to be carefully expunged. For instance, we read that some physiologists regard the muscle spindles as sensory, or that lecithin is regarded as a phosphorized fat; but there is no guide given to the student to show him the evidence on which such statements are grounded. His attitude towards recent research is shown when he speaks of the "so-called neurone," and when he alludes to Pawlow's epoch-making conclusions as remarkable and extravagant, without either describing the experiments or explaining why he regards them with such doubt. He alludes to the work of Sherrington and Grünbaum on cerebral localization in a few lines, stating they have shown the motor area to be more extensive than was formerly supposed to be the case. We doubt whether Sherrington and Grünbaum would regard this as an adequate or even accurate description of their results; be that as it may, the illustrations of cerebral localization given do not represent the discoveries of these observers, nor of anyone else, so far as we can ascertain.

The whole book teems with similar instances; and as it has been necessary to speak of the book with disfavor, it is only fair that a few more examples of its faults should be enumerated. The description of respiration is almost altogether confined to external respiration, and here figures from ancient writers as far back as Lavoisier are set forth as though they continued to possess authority. In the account given of the digestive system page after page is devoted to deglutition, a subject where anatomical considerations are paramount, whereas gastric digestion is dismissed in a page or two; and even here more

space is given to describing how meat is reduced to a pulaceous mass than to the chemistry of proteid cleavage; albumoses and other substances are mentioned, and hardly more than mentioned, in a few brief lines. In the estimation of the heat value of foods, the latest figures are apparently those of Frankland, and no note whatever is made of those researches on metabolism founded on more accurate data. Du Bois Reymond's statements regarding electrical currents in muscle and nerve are reproduced as though they had never been questioned. The treatment of subjects like this and like electrotonus must be exceedingly difficult for students, seeing that no description of apparatus nor of simple experiments that the student himself might perform are allowed to intrude, and no figures in the text are present to aid him in grasping these somewhat difficult subjects.

The description of the regulation of temperature in man will lead the reader to imagine that it is by clothing alone that we regulate the discharge of heat. How the unclothed, warm-blooded animal and the naked savage get on is left to the imagination. The description of the nervous system is full of the most extraordinary mistakes; thus we read that the fibers of the columns of Goll and Burdach take origin in the gray matter of the posterior cornua of the cord, and that they degenerate when this part of the gray matter is diseased, as in locomotor ataxia; that the nerves of special sense, unlike those of cutaneous sense, have no ganglia on their course (the gustatory nerve alone excepted); that the rod and cone fibers are continuous with the bipolar cells, and these again with the ganglion cells of the second layer of the retina; evidently the "so-called neurone" is not allowed even a passing mention here. Curiously enough, in spite of this general disregard of physiological progress, a peculiar place of prominence is assigned to Ehrlich's side-chain theory in the introductory chapter. But even this exception to the rule is spoiled by a misconception; the side-chains are considered to be of the nature of actual projections from the surface of the cells; this accounts, we suspect, for the consideration of the subject so soon after ameboid movement. We will quote the author's exact words (p. 9):

It may be diagrammatically illustrated by supposing that the cell sends out from its surface little prominences in the form of a side-chain. These hypothetical prominences are called recep-

tors, although their form has been inferred rather than seen. The different receptors have affinities for special nutrient matters; for example, there are certain receptors which have an affinity for proteid molecules, others for carbohydrates, and others for fats.

We do not think that any student reading this, and comparing the figure given with that of ameboid processes which almost immediately precedes it will come to any other conclusion than that a receptor is a kind of pseudo-podium.

Die Verletzungen der Nase und deren Nebenholen nebst Anleitung zur Begutachtung ihrer Folgezustände.

Although the subject of injuries to the nose and the accessory cavities receives a certain amount of consideration in books on rhinology and on general surgery, it has nowhere been treated so methodically and exhaustively as in the present work by Dr. Friedrich Röpke of Solingen.

One reference is so remarkable that we cannot refrain from mentioning it, although transmitted through several writers. It is a case in which the eyeball was lost to view until the patient *saw* through his nose, when it was found to have been dislocated into the nasal cavities.

Among other points established by the author is the fact that blows on the nose may produce fracture of the quadrangular cartilage without simultaneous fracture of the nasal bone, although Zuckerkandl has expressed the contrary opinion. Dr. Röpke refers to the discussions in the Otological Section of the Medical Association with regard to the relation between nasal obstruction and disturbance of hearing, and has been led by it to make personal investigations. He has come to the conclusion that "in the majority of cases the hearing power was lowered, even if only to a slight degree, on the side on which the nasal obstruction existed." He further found that, again in the majority of cases, "the hearing power improved or became quite normal within a few weeks after the removal of the nasal obstruction, without resort to catheterization or any other therapeutical treatment for the middle ear." He attributes the aural trouble mainly to the driving of irritants up the Eustachian tube during the efforts to clear the obstructed side. He considers the complete absorption of septal hematoma as quite uncommon, and attributes the characteristic depression following on so many cases of traumatic abscess of the septum to a luxation of the quadrangular cartilage from the vomer, as

shown by the experiments of Mollière and Chevallet.

Acute Infectious Diseases.

During the past few years a number of new works on infectious diseases have been published. The causes of activity in this particular department of medicine are not far to seek. Two are especially prominent. The one is the growth of bacteriology; the other the progress of sanitary science. A wider experience and an accumulation of new facts have made it necessary to scrutinize again old observations, and recast ideas that have held sway for no short period. Besides these causes it is a fact that in many countries the infectious diseases are being more and more withdrawn from the care of the general practitioner to be treated in hospitals by men whose services are entirely devoted to this work. The general practitioner is, nevertheless, expected to recognize them at just that period and in just those instances where their detection is most difficult—in the earliest stage and in aberrant cases. Accordingly there is ample excuse, if excuse is needed, for the three volumes which have been submitted for our opinion.

The most comprehensive of these works is a volume entitled "Infectious Diseases," translated from the German under the supervision of Dr. Julius L. Salinger, and edited by Dr. J. C. Wilson of Philadelphia. We learn from the editor's preface that the original was arranged in the form of lectures, and that though this form has been abandoned in the translation, there has been no loss of the individuality of the different lecturers. We have said that the work is comprehensive. Every communicable disease is included except syphilis and leprosy, which are to be considered in a volume on dermatology. Amongst the thirty-five affections dealt with are some which we would hardly consider infectious, even in the widest sense of the term (for example, acute articular rheumatism), and others which are rare in man (for example, foot and mouth disease, actinomycosis).

The etiology, clinical history, pathology, diagnosis, prognosis, and treatment of the various diseases are handled in nearly every instance most systematically and completely. We say in nearly every instance, because, curiously enough, in the very first chapter—that on enteric fever—there is no description of the disease except such

as occurs in the very full discussion on the diagnosis. It is a pity that this omission has been, inadvertently we suppose, permitted. It avails little to inform the reader that perforative peritonitis requires immediate operation if no account is given of its symptoms. But this is the only serious fault we can find. Most of the chapters are excellent, notably those on paratyphoid fever (a disease at present admitted to be indistinguishable clinically from typhoid), malarial affections, influenza, and the common infectious diseases. We rather expected to find in a book almost entirely written by German authorities that the value of serum therapeutics would be somewhat overrated; but that is not so. Serum treatment, and indeed all therapeutic measures, are put at their true value, and there is no attempt at recommendation merely on theoretic grounds.

The second of the three volumes is the work of two physicians whose names are well known in connection with infectious diseases, Dr. Welch and Professor Schamberg. The book is entitled "Acute Contagious Diseases," and is devoted to smallpox and vaccination, chicken-pox, scarlet fever, measles, rubella, typhus fever, and diphtheria—diseases with which the authors are intimately conversant through their lengthy connection with the Municipal Hospital for Infectious Diseases in Philadelphia. With so much space at their disposal, Drs. Welch and Schamberg have been enabled to treat their subjects in considerable detail, so that we find such questions discussed as the aerial convection of smallpox (which, it is interesting to note, is believed to have occurred in Philadelphia), the effects of smallpox on the pregnant woman and her child, "return" cases of scarlet fever, and secondary or accidental rashes.

In the chapter on diphtheria there is a good description of "pseudo-diphtheria," a term we confess to disliking; for there are other conditions of the fauces which simulate diphtheria, and might therefore with equal propriety be called "pseudo-diphtheria." What the authors describe appears to be the disease often known as "Vincent's angina." For the relief of laryngeal diphtheria they seem to rely almost entirely on intubation. After a careful perusal of their account of this operation we are inclined to believe that they are a little behind the times; they have never used the short tubes, nor do they appear to be acquainted with the method of extubation known as "expression" or "enucleation." We

cannot help thinking that they would see fewer cases of that serious complication of intubation—ulceration of the larynx—if they resorted at an earlier date to tracheotomy. As to antitoxin their experience leads them to advocate moderate and repeated doses rather than single and large ones, a point in which they agree with Professor Baginsky. Neither in this work nor in the one we have already dealt with is the separate entity of the “fourth disease” definitely recognized.

The third book, on “Epidemics and Contagious Diseases in the Twentieth Century” differs widely from the two with which we have dealt. The preface informs us that it is the outcome of a course of lectures delivered by the author, Dr. Jules Félix, during the years 1903 and 1904, before a lay audience in the social science faculty of the institute for advanced studies in the New University of Brussels. If the author had confined himself to giving a short account, free from technicalities, of the common infectious diseases, and to pointing out how the evil they have done in the past to the individual and the race might be averted or minimized in the future, we should probably have had no occasion for disagreeing with his opinion and advice. But unfortunately, as we think, he has seized the opportunity of these lectures to put forward somewhat extreme materialistic and socialistic views. Whatever opinion may be held concerning these views, we believe the manner in which they are dragged into these lectures to be altogether wrong, and to conduce to the advancement neither of hygiene on the one hand nor (if it be desired) of materialism and socialism on the other. We should have thought that the study of epidemics would have been neutral ground for the most devout pietist and the most skeptical materialist; but Dr. Jules Félix evidently thinks otherwise. If we are to get rid of one set of ideas because we believe them to be false, and are intending to replace them by another set, it is incumbent upon us to take care that the latter shall be free from all the errors of the former. But what are we to say of a writer who actually asserts that “science consists in an ability to read the book of Nature, every page of which teaches us truth, morality, and justice,” and extols the discovery of pathogenic organisms and the measures employed against them as “a greater miracle than any that have been attributed to the Almighty or the saints”? Perhaps this latter statement may be claimed as a mere figure of speech; but it seems to us that the

materialist would do better to avoid the use of the word “miracle”; and we give the passage as an example of the tags with which most of the chapters are decorated. Dr. Félix’s statements as to the bacteriology and prophylaxis of yellow fever are quite at variance with the latest opinions of those most familiar with these subjects, and he actually informs his readers that typhus fever is due to Obermeier’s spirillum.

**Die Entstehungsursachen
der Gelsenkirchener Typhus Epidemie von 1901.**

In their very lengthy and laborious, not to say labored, treatise on the origin of typhoid epidemic at Gelsenkirchen in 1901, Drs. Emmerich and Wolter adopt a method of special pleading which is not likely to gain the confidence of the reader who wishes to approach the subject with an impartial mind. They frankly state at the outset that their book is written in support of Pettenkofer’s “localistic theory,” and is intended as a counter-blast to the “water-infection theory” of typhoid dissemination. On page after page the merits of the former and the inadequacy of the latter “theory” are forced on the reader’s attention with endless reiteration, until at length he becomes absolutely nauseated with them. Drs. Emmerich and Wolter appear to have forgotten that in a scientific treatise there ought to be a clear distinction between facts and deductions from facts; in their eagerness to enforce a particular theory this distinction is overlooked, and consequently it becomes very difficult for the critic to sift the evidence and form an unprejudiced opinion as to its value.

The authors’ main contention appears to be that the condition of the surface soil was largely responsible for the typhoid outbreak at Gelsenkirchen with which they deal. They have shown that this soil when in a pure and virgin condition is inimical to the typhoid bacillus. When it is inoculated with these bacilli, they daily diminish in number, and, within a period varying from four to ten days, completely disappear. When, however, the soil is extensively contaminated with human and animal excreta, the typhoid bacillus cannot only retain its vitality within this medium for many months, but under favorable conditions may undergo active multiplication. In 1901 the soil of Gelsenkirchen was polluted to an exceptionally high degree, and from its configuration and the distribution of the ground water, was a particularly favorable medium for the propagation of a typhoid epidemic. On the other hand, they have failed to find any etiological relationship between the condition of the water supply in this district and the origin and extension of the epidemic.

TOPICS OF THE HOUR

The Rochester Clinic.

A recent number of *The Outlook* presents a splendidly conceived and written paper on the Mayo brothers at Rochester, Minn. We were always told when soliciting those who had been present and witnessed the wonderful work done by these brothers—these “country doctors”—that every man who was given the privilege of the clinic was put upon his honor not to speak of his visit for publication. However, when the energetic and eloquent Dale King, editor of the *Medical Counselor* spoke editorially of what he had seen and heard there, we naturally inferred that the bars of impenetrable silence had been let down. And this magnificent article in *The Outlook* still further accentuates this belief. *The Outlook* omits one little detail of the origination and establishing of the hospital at Rochester by the Sisters of the Catholic Church, which was told us by a visitor, and which does not appear in the printed article: namely, that these Sisters had been persecuted and practically driven from another State, and sought refuge in Rochester where the same form of persecution continued; that a great and sudden epidemic had fallen upon them, as well as upon the sparsely populated adjacent district; that because of the noble and notable defense of these persecuted Sisters by Dr. Mayo, the father, and his success in dealing with the epidemic; the Sisters, who had some means, offered to build him a hospital, which was done; and the present excellent surgical facilities, etc., are the outgrowth of that first hospital built for Dr. Mayo by the grateful Catholic Sisters. If we mistake not Dr. Mayo is not of the Catholic faith. In all other respects *The Outlook* presents the case correctly and most admirably; and this bit of news we have interpolated may prove to be mere gossip. The brothers Mayo, the present surgeons, were country boys, attending the country school, neither of them attaining a high school diploma; both went into local drug stores; and only later took up the thought of medicine, graduating, one in Chicago and one elsewhere. Neither of them is built on the martyr or genius plan. Both are robust, healthy, hearty gentlemen, with all-around surgical education—neither of them

“specialists”—and doing the work that comes to their hands with skill and care, and the very latest technique. *The Outlook* article is well worth a careful study.

Where Is the Mistake?

“‘Homeopathy as she is taught is decidedly a fearful and wonderful thing. We cull the following startling and interesting therapeutical pronunciamento from a homeopathic contemporary: ‘Mercurious especially, and pulsatilla also in the inflammations of the colon, while the chief distinction is the changeableness in the color and appearance of the stools of pulsatilla, the latter is usually worse at night and wants the fresh air, while nux vomica is worse during the day and is chilled by fresh air and being uncovered. Mercurious perspires considerable and is not relieved thereby.’ Once more we disclaim any disposition to poke fun at homeopathy or to include in our chaff any of the really scientific and dignified exponents of a useful and honorable school of medicine. Our attitude toward homeopathy is too well known to need elaboration. It is a case of deliver us from our friends. It is this kind of stuff that does the cause harm, and if there be men among the homeopaths (as there are among all denominations) who know no better than to pen such literature, then it becomes the function of the editor of a representative journal to exercise the censorship of the blue pencil.”—*Medical Standard*, July, 1907.

“We quote the above with approval. It is sometimes well to read what our neighbors are saying about us. It may cause us to reform or at least improve our ways. Mistakes occur in well-regulated journals and errors in the construction of language should receive a degree of charitable consideration, but miserable jumbles, such as is referred to above are entirely too frequent in the pages of some medical periodicals. Writers for homeopathic publications have always boasted of the intelligence of their patrons and they were justified in doing so. Our journals should set a good example.”—*Progress*, July, 1907.

We also quote the above double-cross stricture, but *without* our approval. What’s the matter

with the first (homeopathic) quotation? Is not mercurius used in inflammations of the colon? Is it not true that under pulsatilla "the changeableness in the color and appearance of the stool" is one of its marked characteristics? And the aggravations at night, and ameliorations from fresh air—what's wrong with that? And the statement concerning the modalities of nux vomica, is not that true? Then why does *Progress*, a homeopathic journal, speak of the whole quotation as a mistake? We do not expect the *Medical Standard*, an alien friend, to understand homeopathic symptomatology for that's what the *Standard* is shooting at, while a closer reading of *Progress* seems to have reference chiefly to the grammatical construction. The *Standard* has evidently taken a sentence out of some symptomatological picture, and forgotten to give text and context. Still, where is the mistake?

♦ ♦

Crotalus Cascavella.

The symptoms for which the attenuated (dynamized) venom of this rattlesnake are recommended are the following—taken from Clarke's Dictionary of Materia Medica:

"*Crotalus Cascavella*—A Brazilian rattlesnake. Natural order crotalidæ. (Proving by Mure, together with effects reported by Higgins.) Trituration of the virus with saccharum lactis.

Clinical—Goiter. Headache. Mania. Metrorrhagia. Nose Bleed. Uterus, Neuralgia of.

Characteristics—The poison of cascavella is as deadly as that of the other crotalidæ, and the general symptoms are like those of the other members of the group, but the mental symptoms are more pronounced and peculiar. Lancing pains are frequent, and are aggravated by cold washings. Many symptoms are worse at night. Pains in bones. Hallucinations are marked and peculiar; a magnetic state is induced. There is headache after sleep as with lachesis. Compare: crotal. hor., lach., etc.

In addition to the above the remedy is said to be specific in yellow fever when administered early in the attack.

This is that snake which Boericke & Runyon presented to the American Institute of Homeopathy at Jamestown Exposition from one of their Brazilian correspondents—Dr. J. Murtinho of Rio de Janeiro.

A Case of Locomotor Ataxy.

An elderly lady came under my treatment for what is called locomotor ataxy. Early history of the case was obscure.

She was a thin-looking lady, and mother of many children. No family history of venereal disease or scrofulous tendency was noticed. She had a good deal of care and anxiety about household duties; besides, she had bereavements from the death of a couple of children.

She had hysteria in her early life, but that was cured. Complained of acidity and dyspepsia off and on. Considerable flatulence and occasional vertigo. I visited her in December, 1905, and found the following symptoms and conditions.

Inability to walk properly, tottering gait on attempting to walk; there was a tendency to fall when the eyes were closed. On placing feet upon the floor she thought tactile power was less, as if she put her feet on cushion, not much sensation. Control over the muscles was much less. There was some jerking of the lower extremities even in rest. Great weakness and debility, sleep disturbed by constant dreams.

Considerable flatulence, especially in the afternoon, and passing of which gave her much relief.

I advised the family physician to give a dose of argent. nit. 200 followed by placebo one dose every morning.

This did her immense good in every respect. I got the report from the doctor after a week to that effect.

I wrote him to continue placebo. But before he got my letter he gave another dose of argent. nit. 200. Improving fast. In this way she took three doses of argent. nit. in the course of a month and a half. Good many placebos she had in the meantime. Reported complete cure after six months from the beginning of the treatment.—P. C. Majumdar, M. D., in *Indian Homeopathic Review*.

♦ ♦

Amendment to Penal Code State of New York.

Section 401 of the Penal Code has been amended and effective September 1, so as to read as follows:

Any person, who, in putting up any drug, medicine or food or preparation used in medical practice, or making up any prescription, or filling any order for drugs, medicines, food or preparation puts any untrue label, stamp or other designa-

tion of contents upon any box, bottle or other package containing a drug, medicine, food or preparation used in medical practice, or substitutes or dispenses a different article for or in lieu of any article prescribed, ordered or demanded, or puts up a greater or less quantity of any ingredient specified in any such prescription, order or demand than that prescribed, ordered or demanded, or otherwise deviates from the terms of the prescription, order or demand by substituting one drug for another, is guilty of a misdemeanor; provided, however, that, except in the case of physicians' prescriptions, nothing herein contained shall be deemed or construed to prevent or impair or in any manner affect the right of an apothecary, druggist, pharmacist or other person to recommend the purchase of an article other than that ordered, required or demanded, but of a similar nature, or to sell such other article in place or in lieu of an article ordered, required or demanded, with the knowledge and consent of the purchaser. Upon a second conviction for a violation of this section the offender must be sentenced to imprisonment, for a term of not less than ten days nor more than one year, and to the payment of a fine of not less than ten dollars nor more than five hundred dollars. The third conviction of a violation of any of the provisions of this section, in addition to rendering the offender liable to the penalty prescribed by law for a misdemeanor, shall forfeit any right which he may possess under the law of this state at the time of such conviction, to engage as proprietor, agent, employee or otherwise, in the business of an apothecary, pharmacist or druggist, or to compound, prepare or dispense prescriptions or orders for drugs, medicines or foods or preparations used in medical practice; and the offender shall be by reason of such conviction disqualified from engaging in any such business as proprietor, agent, employee or otherwise, or compounding, preparing or dispensing medical prescriptions or orders for drugs, medicines or foods or preparations used in medical practice.

SECTION 402. This act shall not affect or impair any liability, penalty or punishment under the provisions of section four hundred and one as the same existed prior to the time this act takes effect, but the same may be enforced, prosecuted or inflicted as fully and to the same extent as though this act had not been passed; and all actions civil or criminal instituted under or by

virtue of said section as the same existed prior to the passage of this act, and pending immediately prior to the taking effect hereof, may be prosecuted and defended to final effect in the same manner as though this act had not been passed.

♦ ♦

Luffa Aegyptica Mill.

This plant belongs to the natural order Cucurbitaceae and to the genus *Luffa*. The edible variety is cultivated in many parts of Bengal, and the fruits are largely eaten by the poorer classes, either simply boiled or made into a curry. The bitter variety is avoided as being poisonous; it can scarcely be distinguished from the edible plant except that the fruit is a shade darker in colour and the taste is extremely bitter. A case of poisoning by eating the bitter fruit came under the notice of Dr. Bahadur, which led him to investigate the chemistry of the fruit. The history of the poisoning was as follows: A curry was made of the fruit with tamarised and other vegetables. This was served to two children, the latter of whom swallowed a little. She vomited her food immediately. No other symptoms followed. D. S., a man, aged 70, had a curry made the next day of a couple of the fruits, and took the whole quantity about 1 p. m. In 15 minutes afterwards he complained of feeling uneasy, and vomiting occurred. He brought up a large quantity of food. This was soon followed by diarrhea. Up to 8 p. m. he vomited twice, and passed eight copious watery stools containing undigested fragments of the fruit. He was very low, pulse very small, feeble, rapid, skin cold and covered with clammy perspiration; there was extreme prostration; the patient was dull, but was quite conscious and answered questions rationally; he complained of pain in the abdomen and was getting cramps in the extremities. His voice was very feeble. Diffusible stimulants and calomel were given. He passed three more stools in the night and two the next morning, and made a slow recovery. The drug was submitted to chemical analysis by the ordinary alkaloidal extraction method and Dragendroff's method. More satisfactory results were obtained by the latter. Two distinct toxic principles were separated, one a severe emetic and another a brisk cathartic. Experiments were made on cats which produced these results. The cathartic produced likewise dysenteric symptoms. The active principles obtained from this fruit differed greatly in their physiologi-

cal action from that obtained by the late Dr. Warden from the fruits of *Luffa echinata*, which also belongs to this genus, inasmuch as the latter was found to develop profound nervous symptoms, such as spasms, convulsions, and paralysis of the limbs, dilatation of the pupils, etc. These nervous symptoms were absent in the present case. From its physical properties, chemical behavior, and physiological action, one of the active principles closely resembles *colocynthin*. Both the active principles are glucosides. (*Calcutta Jour. of Med.*)

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Look Pleasant.

We cannot, of course, all be handsome,
And it's hard for us all to be good,
We are sure now and then to be lonely,
And we don't always do as we should.
To be patient is not always easy,
To be cheerful is much harder still,
But at least we can always be pleasant,
If we make up our minds that we will.

And it pays every time to be kindly,
Although you feel worried and blue;
If you smile at the world and look cheerful,
The world will soon smile back at you.
So try to brace up and look pleasant,
No matter how low you are down.
Good humor is always contagious,
But you banish your friends when you frown.

—*Albright's.*

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A "Reprint" Aftermath.

Our attention has been directed by private letter to the apparent fact that in our editorial letter concerning the Jintown Expose we scored rather heavily, if not with undue savagery, the Opsonic Index papers, which had been ordered into reprint and distribution by the Secretary to 10,000 homeopaths everywhere, anywhere, whether members of the Institute or not. This reading of our lines, we now note is possible, as they were written, the most of them, on that ever memorable porch of the Inside Inn, and while the matter was fresh in our mind. But here we beg to make this correction. The opposition was only *apparent*. We have no feeling touching the subject of the Opsonic Index, nor have we had for one instant moment; and we voted at the last meeting of the Institute for their reprint—since "reprint" was

the catch-word of the session. We have not any quarrel, either, with the vaccination question which was sprung on an unprepared Institute, at the time badly decimated because the great majority had already gone home; and whatever our personal view may be on the question, we distinctly said in our letter that we were *not* attacking the anti-vaccinationists; that what we were firing at was the introduction of the subject at a time when by reason of absence of what might justly and reasonably be called the Institute, it was unfair to foist any such measure, involving, not only the good opinion entertained by the medical world as to the Institute, but also establishing a bad precedent and inflicting a severe monetary tax. There were abundant opportunities on Monday, Tuesday, Wednesday, and Thursday of the Institute week to have brought forward the vaccination question, thus proving the desire to make a fair test of it before an intelligent and fairly representative audience. The paper was not presented to the Institute in business session; it was presented in a sectional meeting, heard possibly by a corporal's guard of sanitarians, and by that body ordered into reprint. This was done either on Wednesday or Thursday, presumably on Wednesday; notwithstanding this action thus early in the week, it was not brought into the Institute proper—the business and executive session—until the last morning, when our President was sick, when our Vice-President had hied him to his distant home, and a pro tem President was called to the chair by an anti-vaccinationist. As it looks to almost any one familiar with the tactics employed and pursued at this session and at other sessions preceding the Jintown one, it was politics pure and simple—though both adjectives fail to fit the case, for they were neither pure, nor were they simple. A reading of the stenographer's notes of that particular meeting discloses a scene of dire confusion in debate, in the moving and seconding of motions, of amendment piled or attempted to be piled on amendment, rulings from the chair that were appealed from, and had to be officially explained, half a dozen speakers on the floor at the same instant addressing the Chair, and through it all the determined stand of the anti-vaccinationists—and they were there in numbers because they were mostly holding over for the meeting of the I. H. A., on the following Monday—the determination of this Spartan band to carry this measure whether the great body of the Institute cared to be so imbroglioed or not. Nor-

ton's attempt to stem the tide by showing that this action would not be fair because the Institute had not heard the paper, was met by the declaration of Coles, acting Chairman of Sanitary Science, that the paper had been read in his bureau, therefore it was read before the Institute, and (answering Norton as to the number present at that delectable time), he said it was heard by all who cared to be present. It was after this meeting had been adjourned, and after talking with the few members of the Institute who had been voted down, and while the gravity of the politics was still resting upon us, that we wrote the paragraph reflecting, as we said, *apparently*, on all reprints, the Opsonic Index among the number—and by the same sign also the Sutherland Address. We had not and have not now any quarrel with the Opsonic papers. The only fault to find with them, as with any other of the scientific reprints, was, first, that they had not been heard by the Institute—except in one of its sections; second, that by ordering them into reprint a precedent was established which may be used to the financial detriment of the Institute in future meetings, there being no end to the favorite specialist papers which any bureau may order pushed into special type and ordered put on the front porch and ultimately into the waste-basket of every doctor in the U. S. Let the Opsonic idea prevail all it wants, and so also the anti-scarificationistic theories; but let us observe some form of propriety in their publication, with an eye single also to the financial burden which such authorization binds upon the Institute strong-box. Do any of these ardent reprint-movers guess what it costs to send 40,000 reprints, with covers, handling, time, envelopes, stamps, etc., to 10,000 doctors, when the Institute has knowledge of only about 2,500 of them?

Medical College, an expert in alimentary canal disorders, speaks most approvingly of Dr. Palmer's work, and contributes the Introduction. He calls attention to the four special points namely, (1) the careful attention to the etiology and prophylaxis of these affections; (2) the consideration of the patient as a whole; (3) the therapeutic optimism; and (4) the eminently sane ideas in regard to surgical interference.

A rather hurried and possibly desultory browsing in the leaves of this volume does not disclose any claim to great originality of discovery or methods employed. It is, as the author states in his Preface, a plain statement of the various forms of Diseases of the Digestive Organs with the application of the very latest treatment known to the profession.

The absence of any reference to homeopathic therapeutics is probably done by design, as Dr. Palmer has written a book designed for the *whole* medical profession and not for any one branch or creed. Such homeopathic remedy names as are used point more towards the eclectic practice than towards Homeopathy.

Perhaps in future editions the author will improve on the spelling and proof-reading, and also on paper and binding. However, these are mere mechanical trivialities, which have naught to do with the avowed purposes and intrinsic value of the book.

—The *American Monthly Review of Reviews* has a symposium of interesting articles, as a list of titles will show: The Case of San Francisco [an unusually clever and even-paced contribution]; The South's Care of Her Confederate Veterans; Does the Country Want Tariff Readjustment?; Morocco, the Derelict of Diplomacy; The Middle West and Wall Street. The French Economic Troubles must be interesting to a good many of our California friends engaged in the wine business. The Hague Peace Commission has its careful presentation to the American reader. These and other articles are good reading and continue to keep the *American Monthly Review of Reviews* favorably in the public eye.

Book Reviews.

Dr. Owen A. Palmer of Cleveland has written and published a book entitled "Diseases of the Digestive Organs for Students and Practitioners of Medicine," which may be had for \$3 per copy. Dr. Palmer is the very successful superintendent and manager of a sanitarium on (old) Republic Street; and this together with his many years of experience as a practitioner in country and city has given him much material for his present modest effort in the book-writing line. The title is comprehensive of the contents of the book. Prof. Adams of the Cleveland Homeopathic

Correspondence.

CLEVELAND, O., July 30, 1907.

EDITOR THE AMERICAN PHYSICIAN:

In the June issue of your Journal appeared an article in reference to the finding of a New York coroner's jury regarding the death of Violet Byrne from pneumonia under Christian Science treatment.

Your Journal has been so free from unjust criticism of our faith in the past that I venture a few comments on the verdict of said jury. "In our opinion," said the jury, "she might have re-

covered if proper medical attendance had been summoned." An eminent physician of Chicago, about a year ago, declared publicly that medicine was impractical in the treatment of this disease. So also have other prominent physicians and statisticians shown that a very large percentage of those who are attacked with pneumonia fail to recover under any form of medical treatment. In New York City, alone, where the incident in question occurred, over 8,600 die annually under medical care from this disease. From this record, it seems inconsistent that a coroner's jury, composed largely of Doctors, should brand a single case under Christian Science treatment "criminal neglect." It is but just to say in this connection that in the city of New York several cases of pneumonia have been reported healed under our form of treatment.

In this age of freedom in government, free speech, freedom in thought, it seems to us there should be no question as to freedom of action with the intelligent man who honestly seeks the best and surest means for freedom from pain and suffering. Some who prefer the allopathic pill grow worse and die. Some who select the homeopathic powder get no relief and deacease. Another seeks the operating table and the skill of the surgeon saves not his life. The osteopath manipulates his patient and the grave claims the victory. Seldom is there any coroner's inquiry as to the cause of death. Occasionally someone who has tried all the opeothists, or perhaps someone who has never been under a physician's care, seeks Christian Science treatment and fails to recover. The different schools of medicine have all contributed much to the comforts of life and the health of their patients, and there should be no censure where honest efforts have failed to save the sufferer. Christian Science, in its brief history of helping and healing the sick, has contributed much to the health of mankind; why should there be a verdict of "criminal neglect" where honest efforts and healing methods have failed to cure? We are all brothers working for the common good of lessening pain and suffering. The allo differs with the homeo, and the osteo differs with both the allo and homeo, while the Christian Scientist differs with all three schools. All have had their successes. All have seemed to have their failures. Let us be fair and call none criminally negligent.

Your report declares that the father of the child "admitted he had lost his wife and ten of his children." It should have been stated in this connection that most of these died under medical treatment. It seems natural that those who have only a cursory knowledge of Christian Science and its effects upon the sick should look upon Christian Science treatment and the exclusion of medicine as neglect instead of help; it does not so appear, however, to those who have had experience, first, with medicine, and, then with Christian Science. There are large numbers of persons in this country who have been healed through Chris-

tian Science after having failed to recover by other means, and a large percentage of these are children.

Yours sincerely,

JOHN A. WEBSTER,
Chairman C. S. Publication Committee,
State of Ohio.

Globules.

I MAY not find the good I seek
Here in this labyrinth of time;
The eye may mark the mountain peak
Which human feet can never climb.
I may not do the good I planned
When in the early days I trod
The fragrant fields of fairyland,
But I can leave my plans to God.
He takes our gifts, however small,
So we but keep our purpose pure,
He does not ask great deeds of all;
Some must achieve and some endure.
The summit of my soul's ideal,
Too high for those who dwell in Time,
In that fair future shall be real,
And in that Country I shall climb.
—Grace Pearl Bronaugh.

—On a picture postal, sent us from Base Lake, Mich., Dr. Dean T. Smith, of Ann Arbor, says that he wishes we could sit on his porch with him and see the big moon shining on the little lake. No, none of this for us. We have been at something on a larger and grander scale quite recently, and we wouldn't appreciate a small porch and a just every-day, ordinary moon. We spent a week down at Jimson, on that cool breeze-swept porch of the Inside Inn, from which coign of vantage we watched the naval maneuvers out in Hampton Roads—a half-dozen of more khaki-colored Government gunboats riding at anchor, and swinging with the tide, and a small skiffful of darkies fishing for minnows. Come to think of it, Dean was down there also and likewise: so we wonder how he could again content himself—after that week of whirling vertigo-inciting events at the Inside—with its balls and banquets and fanfarades and life-saving exhibits and baby incubators and fireworks and military parades—how he could again content himself with a small porch, a small lake, an ordinary moon, some fish-

ing, and good, clean, wholesome vittels and drink.

—It is, therefore, the duty of those having charge of public education to see that every ill-fed child attending the public school has, at the very least, one nourishing meal every day. This is not socialism any more than public education is socialism; it is simply carrying further the fundamental idea that it is the business of the State to train its children so that they may become good citizens, for the safety of the State depends upon the intelligence and probity of its citizens.—*Edward Beccher Hooker.*

—You are specially bidden to the Forty-first Semi-Annual Meeting of the Homeopathic Medical Society of the State of New York, to be holden in Brooklyn, September 24, 25, and 26, 1907. Our esteemed friend Herbert Dana Schenck, M. D., is President. Doesn't that tell the tale? The indefatigable Secretary, Dr. H. Worthington Paige—who has an eye in his page at all times—has issued a pretty little program which is filled with good literature—his own—as well as the names of the bureau chairmen and members, and the committee ensemble.

—In the light of the fine work done at Jamestown Exposition in the interests of Homeopathy, notwithstanding the diminished attendance, and the many physical disappointments and annoyances, an editorial in the *Interstate Medical Journal*, entitled "An Unholy Alliance," comes with negative grace and power. This is an unmittened slap at the progress made in Boston towards an amalgamation between the two schools of practice—or plainer and blunter still—the effort of Dr. Cabot to show wherein the two schools were foolish and bigoted and how, though very near, they were still far apart not because of the essentials, but mainly by reason of tradition and some picayunish non-essentials. The *Interstate* editor dares to call on the shade of the great humorist and poet (but *never* a doctor known outside his bailiwick) Oliver Wendell Holmes, forgetful of what this demure and happy-penned poet said concerning their medicines, and what to do with them, though deprecating their effect upon the fishes. If Dr. Cabot did any "soft-soaping" of the homeopaths it was not discovered until the *Interstate* editor uncovered it: really the high-brows of Boston—and that appellation as pertaining to Boston means a good deal—especially

of the homeopathic contingent believe that Dr. Cabot was an honorable gentleman, who was sincere in his address, and whose efforts will surely be crowned with a greater measure of tolerance and peace among medical men than formerly. The remainder of the editorial gives itself the more than twice-told-tale-pleasure of repeating the ancient attacks upon homeopaths as trading upon a name, and also as having contributed nothing to Medicine. Some men of fair stature, be it said, even in the editorial chair of a prominent and influential medical journal are "pleased with a rattle and tickled with a straw."

—A Case of Chylous Cyst of the Thoracic Duct by H. F. Biggar, Jr., M. D., of Cleveland, being a reprint from the *Cleveland Medical Journal*, for May, 1907, is before us with its wealth of skillful surgical detail, and carefully cited bibliography. As an operator, one of the most painstaking and progressive, we believe Hamilton Junior will—but we have said this once or twice before, and it costs money nowadays to put statements into linotype. Hence, therefore—.

—A disagreeable incident occurred during one of the Institute Executive Committee's meetings, when it was discovered that a homeopathic surgeon who had been recommended and slated for an important bureau chairmanship, had apostatised and gone over, bag and baggage, to our friends, the enemy. This is the second desertion in the growing West; so that, perhaps, it was a wise move on the part of the Institute to agree to cast its canvas, its gaudy wagons, and special attractions, in some vacant lot in Oklahoma.

—Talking of flies, did any of you note the cheerful persistency with which one of this species insisted upon irritating the glistening Æschylus pate of our honored presiding officer at the preliminary meeting of the Institute in the Inside Inn? This, in addition to the bright yellow radiance shed upon the President from a mellowed, yellow-painted skylight immediately above him, lent both activity and color to the scene.

—Dr. Martha A. Canfield of Cleveland, O., has opened a Sanitarium Rest Cure on East One Hundred and Seventh Street (old Fairmount) where all the modern appliances for rest recuperation and restoration to health have been installed. Dr. Mary White is associated with Dr. Canfield. This Sanitarium differs from the ordinarily conducted hospital and some other sanatoria in that

the patient may have her own physician to attend upon her, and thus be in no wise slavishly dependent upon the Sanitarium medical staff. And several of us medical men have had some disagreeable experiences in Cleveland hospitals along this line. Drs. Canfield and White are determined to guarantee the absolute freedom of selection of medical attendant to every patient and patron of their Sanitarium. In other ways this institution appeals to the medical profession.

—Dr. James C. Wood of Cleveland steamed recently from New York for Hamburg—not (as we make haste to state) in quest of their famous steak, but the rather to take a vacation jaunt, pure and simple. Dr. Wood goes en garçon—individually, alone, solus, on his own hook; not bringing up the tired rear of a Personally Conducted Cook Tourist party; he purposes traveling leisurely, restfully to Edinboro, to see the Scott Memorial, thence, by devious ways and plenty of time, to Iceland—br-r-r-r—ice, cold, snowshoes, Alpen-stox, aurora-borealis, thirty-day days and the same number of day-nights, Esquimo dogs, Dutch bake-oven huts, fur-clad natives killing walruses, eating candles, and drinking train oil; perhaps see that notorious advertising reporter start out on his highly-inflated balloon trip to the North Pole. Having filled himself to the full of Icelandic scenery and hospitality, Dr. Wood will then examine the Norway coast, eventually back to Hamburg, cross over to England, hobnob, dine and wine at Frascati's and the Holborn in London, under the perennial and evergreen geniality and hospitality of the English brethren, Clarke, Burford, Searson, Neatby, Knox-Shaw, Pullar, and that man from the south who didn't burn his mouth, what's this his name is, the arbo-revital party, and possibly touch elbows above and feet below the mahogany with the Senior and Emeritus Editors of the late *Homeopathic Review*, Pope and Dyce Brown (may their years be crowned with peace and good health!), as well as with the other fratres nobiles, all of whom it is worth traipsing to Europe for, for to see and enjoy. Dr. Wood will return to America in time to be at his post by October first.

Later. An accordeon-pleated postcard filled with Icelandic scenery, has reached us, evidencing that the good Doctor has reached land and is on his pleasure trip.

—As an illustration of the universality of the evil [child labor] a careful and conscientious investigator made the attempt to use no clothing whatever in which the hands of childhood had been employed in labor, and as a result of this investigation he found that he would be absolutely obliged to limit his wearing apparel to costly furs, costly gems, and eye-glasses.—*Edward Beecher Hooker*.

—The *Century Magazine* continues its excellent purveying of literary pabulum to its many

readers here and abroad. Its quality remains the same—a trifle better even than 99 44-100 pure. Its pictured illustrations are always of the first order of merit and art, and its fiction is of a refined and uplifting nature. All may go to this fountain-head of English literature and find that which will satisfy and repay. It furnishes interesting and instructive matter for all. And the same is true in, perhaps, a minor degree, of *St. Nicholas*. Both magazines are classics.

—President W. L. McCreary, M. D., of Knoxville, and Secretary H. M. Clendenin of Louisville, of the Southern Homeopathic Association are before the homeopathic public with a circular letter urging the members to take hold and do something for the betterment of the Cause in general, and the individual members in particular. The coming session will return to the Bureau plan.

—The revised list of members of the Committee on New Members for the American Institute of Homeopathy is as follows: Willard A. Paul, M. D., 157 Harvard Street, Dorchester Centre, Boston, Chairman; Joseph P. Cobb, M. D., Chicago; W. E. Riley, M. D., Fulton, Mo.; A. M. Linn, M. D., Des Moines, Iowa; Walter C. Hirzel, M. D., San Antonio, Tex.; T. H. Carmichael, M. D., Philadelphia; and E. Wilton Brown, M. D., Mount Kisko, N. Y.

—From the August number of the (London) *Homeopathic World* we learn of the death of Dr. Alexander von Villers formerly of Dresden, which occurred June 28 last. We met the Doctor for the first time in London, in 1896 at the International Homeopathic Congress, and again at Atlantic City, preceding that, when the Congress met in America. We learn that because of some grievous wrong done by some relative, the Doctor's mind was troubled so that he was practically unable to attend to any duty whatsoever for some years past. His was a very bright mind.

—On dit that the American Homeopathic O. O. & L. Society will meet in Pittsburg, instead of Oklahoma next year. Also, from the same source, that there is a good deal of unrest, on this same score, in the Surgical and Gynecological Association of the American Institute of Homeopathy. Don't make any mistake, brethren. Get together and work for the best interests of Homeopathy.

—The phoenix act of the Denver Homeopathic College, Westminster University, according to the *Critique* smacks very much of a sell-out to our friends the enemy. Why anyone should care to study Catholicism, Protestantism, and Mohammedanism on compulsion in order to be a good Christian is truly somewhat obscure. Perhaps Strickler et al. have something up their Westminster sleevelets which thus far may have

escaped the lynx-eyes of Brer Mastin. Let us homeopaths hope so.

—The programme for the semi-annual meeting of the Homeopathic Medical Society of the State of New York, says President H. D. Schenck, is completed and will be issued about September 10. The sessions will begin on Tuesday, September 24, at 10.30 o'clock and be concluded on Thursday evening, September 26, with a banquet tendered the visiting members of the State Society and their wives by the Homeopathic Medical Society of the County of Kings, as a part of the celebration of their semi-centennial. The other part of their celebration will be a public meeting held on Wednesday night at which homeopathy will be discussed by former President of the American Institute, Charles E. Walton, and by President Royal S. Copeland. Governor Hughes will probably also give an address, and music will help to make the occasion as pleasant as possible.

A materia medica symposium has been planned for the Tuesday evening session, at which there will be a seven-minutes' report given by various members confirming the symptoms of some homeopathic remedy. It is expected that there will be thirty or forty such interesting confirmatory cases presented, such as the O. O. & L. Society have had at some of their recent meetings.

On Thursday afternoon, at the Cumberland Street Hospital, clinics will be held. The arrangements are now in the hands of the committee, who are working out the details for a successful afternoon on both the surgical and medical sides.

The ladies have already matured their plans for a reception and tea at the home of the President of the County Society, Dr. Blackman, on Tuesday, a theater party on Wednesday afternoon and a drive and luncheon at the Crescent County Club on Thursday. The days will be full of interest and enjoyment for all the lady guests who attend.

The Brooklyn physicians are most enthusiastic in making preparations for entertaining their brethren from New York and neighboring States, and hope they may have an attendance that will pay them for the earnest work they have done to make the meeting a success in every way.

—The last (July) issue of the *Pacific Coast Journal of Homoeopathy* (the diæretic) is by far and away the best issue that has issued from the master head and brain of the only Arndt. It is filled from cover to cover with good things: good general and medical reading matter, and society reports. But we miss the old familiar Rundschau. Has this escaped our eagle vision, or has it been laid on the shelf? Those monthly chats of the great editor were entertaining and instructive.

—Dr. Charles B. Gilbert of Washington, D. C., died suddenly on June 15, 1907. And when that

line has been linotyped the whole story, to this moment, has been told. A seeming air of mystery surrounds this death; not that anything wrong is surmised; but try hard as we may we have not been able to discover anything concerning the birth, lineage, professional and social status, family and domestic relations of this lately departed brother. No one in Washington, of the many to whom we have appealed, seems able to furnish the least information beyond that contained in the opening line of this paragraph. And we note that our contemporaries, up to this moment of debate, have been no more successful than ourself. Dr. J. B. Gregg Custis, in his beautiful and extemporaneous report before the American Institute stated that he had attended the funeral of Dr. Gilbert, which was, perhaps, the only additional factor, and a necessary one, following the brief notice of his death. What is the matter? Why this air of secrecy? We have known Dr. Gilbert for a number of years as an uncompromising, high-potency homeopath; we knew that he spent some time in the office of the great Hering and there learned "how to take the case"; we knew he had peculiar ways and notions, not differing in those regards from the rest of us—only that he was apparently always on the unpopular or losing side, homeopathically speaking; that he was very persistent in his belief and labors; and was generally esteemed an honest though almost fanatically inclined devotee of the Hahnemannian system of practice; and yet he did not train with the I. H. A. people, but continued a good and loyal member of the Institute. His contributions to Homeopathy, as we recall them, consisted mainly of the materia medica order, and a number of corrections of statements made by others. If Dr. Gilbert had any home life, any social life, any diversions aside from his constant application to the spirit as well as the letter of Homeopathy, any flurries into current recreations or innocent dissipations, we have never heard. That he was a good man and an honest, goes without saying. However, if such men and leaders as Dake, Ludlam, Talbot, Kinne, and others, and, latterly, Dudley can fall out of the ranks, never again answer to roll-call, and create no more than a brief ripple in the Institute activities, how can such mere honest plodders and gentle workers as Gilbert and that other great and constantly increasing host of minor celebrities, expect to engage the reverential attention of that Institute even for one short hour during the next ensuing session? And that pitiful, mournful refrain of the immortal Rip Van Winkle echoes in all its plaintive and heart-breaking cadences: "Are we so soon forgotten when we are gone?"

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OCTOBER, 1907

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

Master of Arts Carleton.

FOLLOWING closely upon that wonderfully beautiful international incident, the mortar-boarding and Mother-Hubbarding of the famous humorist, Mark Twain, it gives us great cause for rejoicing to learn that his alma mater has conferred the degree of Master of Arts on our good friend, fine practitioner, excellent surgeon, and many times author, Bukk G. Carleton, of New York. Dr. Carleton is a singularly popular gentleman, professionally and otherwise; he is ever a welcome guest; his erudition is patent in his written works, as his skill and ability have been known for lo! these many years.

* * *

WE look with increasing anxiety, as the years of our earthly pilgrimage draw toward the vanishing point, for some such similar christening and honoring of His Majesty, the King—OURSELF,—after all these years of upright, moral, and fairly decent conduct in a parish living: writing editorials that rip people up the back; lecturing in two homeopathic colleges at different times; being twice and for several years in official relation with the great American Institute of Homeopathy; and thus far escaped from merited punishment by incarceration in some publicly supported penal colony or establishment. Alas! and yet more alas! Our school days closed about the time of the breaking out of the unholy civil war, when we were but a barefooted, freckled-nosed boy, way back in Indiana, on Sundays wearing blue-jeans vestments, with brass soldier-buttons, leather “gallusses” and a ring made from a rubber button by our soldier uncle, for ornaments. And barring the time done in the old Missouri Homeopathic Medical College at St. Louis, under the tuelage of those “old” masters, Campbell, Schott, Morgan, Kent, and Parsons, for our dip., the seats in the Halls of Learning have not again been polished, pressed, or warmed by our clay-footed form. (Hence, we can never apply for admission to New York State.)

WE were temporarily tempted, some many years ago, on first breaking into the profession of Medicine, in the absence of a reverent Aeschylus-baldhead like Biggar’s, or coal-tar sideburns like Campbell’s, or a bow-window like Arndt’s, to take a Correspondence Course for Doctor of Laws—LL.D.—from a lawfully chartered school somewhere in California, far enough away, in good sooth, so no one could look it up; but like an earlier El Paso Edgar with his sombrero and near-Japanese-silk apparel, which is not gray, who didn’t have the price of a pair of boots with which at one time, in the long ago early time, he might have bought the whole state of Texas, though hewing to the line, we were “shy” the necessary chips, and so, sadly but not despairingly, turned to, to make our way in the world without title or other civil or social garnishment, save and except the highly honorable one of Doctor of Medicine.

* * *

WHEN the famous British Homeopathic Society followed up the 1896 International Homeopathic Congress junto, by dubbing and creating a “passel” of visiting American homeopaths, and another quiverful of homeopaths who hadn’t even left their front door step, with Correspondence Memberships, we being and seeming to ourself, and as well to some others, somewhat versed in correspondence and allied matters; and having also traipsed the several thousand miles of land and sea to attend the Congress, looked into each mail to find our marshal’s baton, this modern homeopathic Legion of Honor medal. But it came not! Alas, as we were afterwards informed, we had trained in the wrong camp of homeopaths in London, and so were overlooked in the shuffle and distribution of these dainty blue ribands, and things. But we will say here and now, that this “wrong” homeopathic camp, led by Clarke, and the late lamented Compton Burnett, with Pullar and Cooper, and a whole bevy of that sort of yolly fellers, don’t ye know,—while it could not confer on us this honor-

able and much-coveted Correspondence Membership billet, it did give us and our friends (among whom we remember Norton, Shelton, Betts, Cartier, Leon, Simon, Mersch, Kranz-Busch, and those three or four Russian homeopaths who talked with each other in four separate languages, and made signs in a dozen others)—they did give us the time of our lives, and we do not believe, for one single instant, that any one of the worshippers at those sacrificial rites to the gods of Bacchus and Ceres has ever forgotten them. (Will the Chair correct us if we speak not within the plumb-line of Truth? Thanks.)

* * *

AND, now, as we begin to recall and dwell lovingly upon the incidents of our tender youth and star-eyed Indiana childhood, a sure sign, as alleged, of approaching senility and hardening of the arteries, we realize, most mournfully, that it is everlastingly too darned late for any titular decoration to do us any sort of good as an advertisement for the front title-page of the next edition of our famous text-books, because we have always had mixed up in our altogether a fair modicum of mercy for the profession, and so have never written any text-book. We left that for the high-brows, big with a Message of Glad Tidings concerning a new speculum, or a new technique, or as a shrewd and sly effort to advertise a private sanitarium; and to the high-potentists with their almost infinitesimal anatomic divisions of the corpse humaine, a repertory-book for each such division; so we have gone plodding along our not always weary homeward way, the even and the morning being the next day, without no A.B., or A.M., or LL.D., or H.M., or any other minor segment of the English alphabet appended to our crystal-fair bubble-proof reputation, doing our duty as we seen it, writing our limping and oftentimes limpid English and teaching it in our halting obseure fashion, yet trying the while to make it of such momentary interest as to ensure at least one reading or one hearing.

* * *

BUT Bakk G. Carleton, M.D., A.M., to repeat (and we had almost lost sight of him and the real purpose of this article when the tail-board dropped out of our memory), and it can't be repeated too often, is deserving of every honor his alma mater or any other can confer upon him. He was always a hard student, as he has

approved himself to be a hard worker in the ranks of the profession. His work and his works are known wherever there is an English homeopath. Truly, he is a good man, and confers as much honor upon his cherishing mother as she does upon him.

* * *

AND all the ribald and flippant irreverencies, intervening and encompassed between the first and last paragraphs of this editorial, have naught to do soever with Carleton and his merits and honors. As the "V. R." editor of *The Clinique* would say, they are but "fillers."

♦ ♦

The Dangerous Heart Stimulants.

BY HARVEY B. DALE, M. D.

Once on a time there was a wise man who came to a river which he desired to cross, but to his dismay he found no bridge and no boat, and he could not swim. After thinking the matter over, he decided that he could jump the stream if he could only get under sufficient headway, so he went back about three miles and ran all the way in order to get a good start. How well he succeeded is evident enough without any further explanation, and almost anybody would say, to put it mildly, that such a man lacked even the rudiments of common sense. Probably he did, and yet the course he pursued is an exact parallel to that followed by many physicians to-day, in their treatment of those diseases in which temporary heart stimulation is supposed to be imperatively necessary. The failing heart, even before it begins to fail, is a frightful bugbear to some doctors. In their anxiety lest that vital organ may grow weary in well-doing, they begin early to ply the lash, and the result is that when the critical hour arrives the patient is in the same pleasing condition as the aforementioned wise man was, after he had run the three miles to get his start. The heart simply quits, just when energy and strength are most needed.

That heart stimulation is sometimes called for, and that it will sometimes save a life, there can be no doubt. In some of the self-limited diseases, notably pneumonia and typhoid fever, there may be critical days when the pump must be kept going at any cost. This necessity does not arise in every case of either of these two diseases, however, by any manner of means. In fact, it is the exception, not the rule. Every physician—at least, every homeopathic physician—knows

that the percentage of cases in which heart stimulants are required is a comparatively small one. When the whip is needed, however, it is needed, and nothing else can take its place. This is the time to use it, promptly and effectively—but always carefully. The heart stimulant is ever a two-edged sword. Its careless employment may easily destroy the life it was intended to save.

Strychnia, whiskey, digitalis—these are the three props on which the majority of physicians lean when they feel the ground sinking under them. Of the trio, the first is probably the most reliable and the least harmful. Strychnia is classed as more of a heart tonic than a heart stimulant. It is supposed to tone and strengthen the heart-muscle, although there is some doubt about this, some experiments going to show that it slows and steadies the heart action, as does digitalis, through its effect on the pneumogastric. In any event, strychnia is a dependable heart stimulant. That is to say, a decided improvement in the strength and quality of the pulse is quite certain to follow its use. There are two points that should never be forgotten, however, when the doctor decides to use it. One is that stimulation pushed too far means paralysis, a fact that is only too clearly shown when strychnia is given in poisonous doses. The other is that strychnia is rather slowly eliminated, that on this account it may produce what is known as a cumulative effect, and that before the prescriber knows it he may get, through this cumulative effect, the overstimulation which he desires, above all things, to avoid.

Whiskey is a diffusible stimulant, prompt in its action, rather evanescent in its effect. It is a quick whip, and that is about all. At times its use will carry a patient over a crisis, just as the spur will goad a tired horse to swim a raging river. Alcohol affects different patients in different ways. Sometimes, when rightly used, it not only stimulates the heart, but at the same time clears the tongue and lowers the temperature. The amount of it which some patients will tolerate, without any evidence of intoxication, is occasionally astonishing. No fixed rules as to quantity can be laid down. It is rational practice to begin with a small amount, gradually increasing it, meanwhile carefully watching the effect on the pulse. Some patients bear it badly, and to such it is probably more of a detriment than a benefit.

Digitalis has been widely used by some prac-

tioners, especially in pneumonia. In twenty years of active practice I have never given a dose of it in that disease, because I have not seen the need of it, and because I have not been able to see that its use is rational. Digitalis slows the heart by acting on its inhibitory nerve, the pneumogastric. To be sure, the pulse will become slower and stronger under its use, but there is no stimulation of the heart itself, none of the temporary lifting that will carry that struggling organ through a crisis. Who would advise a man who is pounding his head against a stone wall to cheer up, and pound it a little harder? Tyson describes the situation graphically, when he says that "To whip up a flagging heart to increased effort, to drive blood through a lung almost as solid as a stone, is like whipping up a jaded horse to an effort beyond his strength, and is about as ineffectual."

There is nothing in the practice of medicine which requires better judgment and more careful discrimination than the use of these same heart stimulants. Just when to begin their use, just how large a dose to give, just how often to repeat it—these are questions which even the experienced practitioner may well ponder, for on his shoulders rests a fearful responsibility. To stimulate too soon is irrational, to stimulate too late is foolhardy, and either course may mean death to the patient. This is the situation as it confronts the busy doctor, and only a cool head and the closest of watchful care will enable him to steer between Scylla and Charybdis.

Generally speaking, I do not believe that it is good practice to give a stimulant until the heart actually begins to flag. Of course, a threatening case needs to be watched closely for the first indications of heart failure, for the symptoms of cardiac distress sometimes appear suddenly, and hours, or even minutes, may count. The trained nurse will usually detect the danger signals, particularly if she has been warned to be watching for them. When such a nurse is not in attendance, the doctor certainly needs to see his patient as often as possible. When the heart begins to flag, it is time to stimulate, cautiously at first, but with no hesitancy in plying the lash faster and harder, if it becomes really necessary. The safe middle ground between too little and too much is what the prescriber must endeavor to find, and here is where good judgment comes into play. The lack of such judgment at the critical moment, has, beyond a shadow of doubt,

sent more patients across the Styx than any man would dare to estimate.

We read much—too much—in medical textbooks of the use of the dangerous heart stimulants. They are spoken of in an off-hand, matter-of-course way, and little or nothing is said of the untold damage they may do when carelessly handled. As a natural result, the young doctor is likely to experiment with them altogether too often, and even the older doctor may not be proof against their reckless employment. It ought to be impressed on the mind of every medical student in every medical college that the heart-whips should be handled as cautiously as a miner handles dynamite. And whenever the struggling and perspiring practitioner thinks of falling back on one of these agents to get himself and his patient out of temporary trouble, DANGER should stand before his eyes, writ in letters of fire. Rightly used, the heart stimulant is sometimes a real Godsend. Wrongly or carelessly employed, it may at any time prove a veritable servant of the devil.

Oshkosh, Wis.

* * *

Some Clinical Cases: An Essay in Rational Therapeutics.

BY A. J. TURNER, M. D.

Though the title I have used as a heading is sufficiently vague, the following cases have not been chosen at random. I will point out the moral as I proceed.

Case I.—*Repeated convulsive seizures.*—On November 18, 1903, I received a hurried summons to a case of convulsions. On arrival I found a healthy-looking, well-developed, but evidently spoilt, child of two years and nine months. She had recovered from her attack, which was a short one, and her distracted parents were comforting her with chocolate creams. On making inquiry I found that she had had a genuine eclamptic seizure, that this was her fifth attack (the first occurring nine months before), and that the intervals between the attacks were decreasing, the last having been six weeks. This history put a serious aspect on the case. The progress of the attacks threatened to develop into permanent epilepsy unless their cause could be detected and removed. This was not difficult. She had been most injudiciously fed, pampered with sweet things, and daily given a large quantity of choco-

late creams and other sweetmeats. The important information was elicited that before each attack of convulsions she for a short time lost all appetite. I forbade all sweetmeats, directed that the child was to have no sugar, or very little, and that the quantity of starchy food was to be somewhat restricted. These measures were completely successful. The attacks, which were becoming more frequent, disappeared at once and permanently, the child remaining under my observation for two years.

Commentary.—This case is given as a good example of a common cause of convulsions in children. These are often regarded as a reflex effect of indigestion, and credited to the last indigestible substance ingested. Without going so far as to reject the reflex theory, I would relegate it to a subordinate place. I consider that the most important factor is a blood-state, due to over-alimentation with carbonaceous foods, and very often to sugar-gluttony. The convulsive seizure on this theory is the effect of a summation of a series of excessive carbonaceous intakes, and acts as a powerful decarbonizing agent in temporarily dispersing this blood-state. Some may demur to the suggested connection of such convulsions with epilepsy. Without entering into a long controversy, I may say that I think the burden of proof lies with them. As phenomena, the convulsive seizure and the epileptic attack are indistinguishable. Both, I imagine, depend on a twofold causation—an unstable condition of the cerebral discharging centers and a blood-state. According to which factor predominates we have an incurable epilepsy or an unimportant accident. If we admit that the repetition of convulsive seizures increases the instability of the cerebral centers, then repeated convulsions in childhood may well lead on to permanent epilepsy.

Case II.—*Severe and frequently recurrent headaches since childhood.*—Mrs. F. first came under my notice suffering from a polyp of the uterine cervix, which was causing great pain, and which I removed. Unfortunately, though relieved of her local trouble, violent periodical headaches, from which she had been free for six months, returned with increased severity. Her history was as follows:—Thirty-nine years of age, in rather poor circumstances, thin, apparently a hard-working woman, she had suffered from headaches all her life, except during pregnancy and for the interval mentioned. They were severe even in childhood. Up to thirty-four years

of age, though very severe, they always disappeared after a night's rest. Since then, however, they have lasted two or three days. She knows when an attack is coming on by a feeling in the right, less often in the left, eye. During the attack she can take nothing, not even a drink; has nausea, but no vomiting. She always has an attack at the menstrual period, usually one mid-way in the interval, sometimes two in the interval. On December 3, 1903, after she had been under observation for many months, it was noted that the attacks had recurred during the preceding three months nearly every week. I saw several, and can testify as to their severity and the prostration induced. Of acetanilide and similar drugs she had taken much; lately they seemed to be losing efficacy. Between the attacks she felt well and ate well. On this date I elicited the information that she was excessively fond of sugar. She believed that she ate three pounds of sugar in the week, certainly an extraordinary quantity. I ordered her to cease taking sugar in any form. July 22, 1904: Since leaving off sugar she has had only two attacks (one severe) in seven months—a very striking improvement. December 10, 1904: She still takes no sugar, and is emphatic that the headaches are very much better. Occasionally she gets a slight one, but nothing like the former attacks.

Commentary.—The relation between cause and effect—sugar and headaches—was conspicuous. There are two additional interesting points about her case that must not be passed over. Why was she free from headaches for the six months before I first saw her? She could not suggest any reason. Her habits and mode of life were unchanged, yet she always felt well during that half-year. I solved the problem to my own satisfaction. On being questioned she admitted that during that time her menses were excessive, owing no doubt to the presence of the polypus. This extra decarbonization saved her from headaches, and I had unwittingly removed the safety-valve. The other point is that she had had five children and that the headaches always disappeared during pregnancy, to reappear during lactation. Unfortunately, during pregnancy, headaches were replaced by toothache. Her experience in this respect is by no means unique. You will find that it is not uncommon for these lifelong attacks of headache to disappear during pregnancy, and sometimes during lactation also; and if you share my views as to the underlying blood-

state, you will see that this freedom is what might be expected.

Case III.—*Persistent headaches lasting for many years dispersed by dieting; recurrence on discontinuing diet.*—Early in 1902, during a short spell of official work, I became acquainted with a fine healthy-looking woman, a widow, holding a responsible position in the Government service. She suffered much from headache, and had abandoned medical treatment, which had never given her more than slight relief. I told her that I could improve her headaches if she would submit to my treatment. Apart from her headaches she was very strong, worked hard, and enjoyed splendid health. Her appetite was good, only slightly impaired when the headaches were at their worst, and this she made up for afterwards. She was fond of sweet things, but had always been a teetotaller. She was forty-seven years of age. Her headaches began twenty years before; they were at first monthly, and invariably occurred at the beginning of the period, sometimes also in the interval. So she went on for ten years. During the last ten years, however, the headaches became constant. She could not remember a morning free from headache, which would continue more or less during the day, but never entirely disappear. During her periods they would be sometimes so severe as to keep her in bed for several days. During her worst attacks she would feel cold and clammy, and the coldness and blueness of the surface would be perceptible to others (general vaso-motor constriction), and there would be a throbbing in both temples, and on the back of the head on both sides (local vaso-motor dilatation). She would then feel half-dazed, and was sometimes completely prostrated. Her periods were still fairly regular.

On May 21st I placed her on a strict diet. Sugar was interdicted, and all carbohydrate food rather severely restricted. She pinned up the diet-sheet on the wall of her room and followed it religiously. Within a week she got relief, and at the end of the month the headache had disappeared. She had a bad headache on July 3d, reminding her of old times, but only lasting one day. On July 10th it was noted that her weight had been reduced eight pounds. In August she had an attack of influenza, which was attended with headache. Otherwise she continued free till the end of the month, when I lost sight of her.

I saw her again in June of the following year.

She told me that she had remained free from headaches until Christmas, when, being troubled with climacteric floodings and consequent loss of appetite, and being withal among friends having a holiday, she abandoned her regimen. Since then her appetite had been very good, and she ate heartily, including a good deal of sugar in her diet. At the same time she has suffered much from headaches every week, sometimes twice a week. I advised a fresh course of dieting, but do not know whether she carried it out.

Commentary.—As a rule severe headaches are attended by anorexia, or even nausea, and so work their own cure, leaving the patient free from them for a season. Exceptionally this anorexia is absent, as in the present case, and the headaches then tend to be persistent as well as severe. This being a bad case the diet was very strict, and the patient lost weight on it. I had intended after a time to have relaxed it somewhat, so as to keep the patient on an equilibrium. The return of the headaches on resumption of the old diet had the force of a scientific experiment. We cannot legitimately vary the conditions of treatment so as to obtain a scientific proof of the causation of morbid conditions, but dieted patients will usually, sooner or later, vary the conditions of their own accord, and so give us an interesting confirmation of the validity of our treatment.

Case IV.—*Relapsing bronchitis of five years' duration completely cured by dieting.*—On April 17, 1904, a boy of eleven years was brought to me by his parents. He had been subject to frequently recurring "colds," accompanied by coughing and wheezing, since six years of age. Four years previously he was operated on for adenoids by a throat specialist. His father thought he was better for a time after the operation, but since then he has been worse than before. He had had breathing exercises for several months, but still breathed through the mouth after exertion. He was always short of breath after exercise. During the attacks he was wheezy at night, the sounds being distinctly audible to bystanders, but his sleep was not disturbed. He was subject to nocturnal enuresis, especially during the attacks. Occasionally he had had turns of headache with loss of appetite and rarely vomiting. They came on especially when his mother had been "feeding him up." He was very active in his habits. His appetite was good. His diet was carefully enquired into; it was plain but

liberal, containing a large amount of carbohydrates, such as porridge, bread, potatoes, and puddings. For a healthy boy I should not consider it a bad dietary.

On examination he was thin, the chest was somewhat flattened below the nipples, but above them was too large, decidedly suggesting emphysema. Nothing else abnormal was detected. I placed him on a somewhat strict dietary, largely reducing the quantity of carbohydrates. During the following month he had one "cold" with wheezing for two or three nights. His parents observed my directions faithfully. In July he had a slight cough accompanied probably by rise of temperature. I think this was an influenza or infectious catarrh. Since then I have seen his parents on several occasions. They tell me that his attacks completely disappeared under the dietary; he has quite lost his susceptibility to "colds," and never has bronchitis; indeed, when the other children suffer from them he escapes. The diet was continued *strictly* for twelve months, and not so strictly for another year. Since then he takes what he likes. At my request the boy was brought to see me on May 18, 1907. He was in much better nutrition than when I saw him three years before; his chest expanded well and was not emphysematous. He was still a mouth breather.

Commentary.—Cases of continually recurring bronchitis in children are most intractable. I cannot say that I have ever cured a case by ordinary medical treatment. I well remember a young girl who used to attend the Children's Hospital at frequent intervals with this complaint, year in and year out. How much medicine she consumed I should not like to compute. It is difficult to diet a growing boy, and I did not undertake the treatment of this case with any hopefulness. I was indeed as surprised as I was gratified with the successful result.

—An esteemed writer in a contemporary magazine, waxing very earnest in a plea for the curtailment of venereal diseases, refers to Fournier's Statistics, "embracing women from every walk of life." It would seem as though this gentleman had got his statistics confused with his etiological data. He certainly could not epitomize the etiology of venereal diseases into any more concise or comprehensive a form than the sentence we have quoted.—*Med. Standard.*

The Psychic Element in Disease.

BY HENRY L. AKIN, M. D.

Man is naturally a materialist. He wants something objective—something tangible upon which to explain all phenomena which come within his ken. He can then more easily comprehend and prepare himself to deal with them. Medicine, therefore, a man-made science, comes rightfully by its tendency to look for some material cause for every manifestation of disease which it meets, and in its earlier years it was utterly unable to explain any part of the things presented to it upon the less solid basis of the Psychic, and at the present time, only attempts this gropingly and with hesitation.

The mysterious feats of Mesmer—which stirred Paris and the whole of Europe to their depths, gave wonderful evidence of the vast power which the mind has over the body, but their true meaning was not understood by the profession and only dimly by Mesmer and his followers. They had, however, the effect of starting up thought and investigation along the lines of mental causes and effects—the results of which though even appreciated by a comparatively few—go far toward explaining many of the phenomena of disease and attempted therapy which have had a mystifying and discouraging effect upon the minds of medical men who have attempted to treat such cases without a proper insight into their origin.

Physicians are too prone to try and hang up each case presented to them upon the peg of some specific disease, and they do this because they are unwilling, or unable, to spend the time necessary for the eliciting of a full history and the making of a careful diagnosis, which would enable them to form some more accurate judgment as to the real basis of the patient's complaints. They see some familiar symptom or group of symptoms, and construct upon it their picture of the case without investigating to see if their conclusions are founded upon fact. If their early teaching has been such as to give them an inkling of the vagaries into which the mind can lead its partner, the body; or if, of an observant thoughtful turn, they have been led by later experiences to an appreciation of the powerful influence of the mind—they will find many things open to their comprehension which are closed to those of their brothers less fortunately endowed.

The question then arises: what is this effect that the mind has over the body? How far can it go and how closely simulate the real organic disease with which we are better acquainted? The answer is that it is an effect of the mind born of fear. It arises from the ignorance of its subject, and his inability to draw reasonable conclusions from the sensations which he experiences. Fear draws his attention to and concentrates it upon some certain organ or portion of the body and so interferes with the activity of that portion as to produce there the very results of which he has been most afraid, but merely by a disturbance of function. That is to say, the fear of a disease produces its symptoms by an attempt on the part of the patient to carry out the functions of the body under the control of the higher faculties rather than to leave them as they belong to the subconscious or automatic mind. As to the extent to which these influences reach, it may be said that the body as a whole, or any portion of it—the heart—the stomach—the intestines—the sexual organs—one or all may be involved in the net which the patient weaves for himself. The hysterical joint is a good example of the extent to which this effect can go, because we have something tangible before us, we can actually see how much the patient is disabled, and by our own senses appreciate it; a certain finer knowledge, however, is necessary to enable one to realize that this laming, real as it may seem, is only functional in its character.

Let us suppose now that this same sort of a result which we have seen in the joint is produced, by improperly directed mental activities, upon some of the abdominal viscera. Digestion is impaired—the patient suffers loss of weight—pain—constipation or gaseous torments, etc., and these with a vigor and variety which oftentimes exceeds in severity real organic disease. The pseudo-disease feeds upon itself and waxes strong as it becomes more fixed. It is a critical time for the patient; he goes from one physician to another—who blind to the mighty power of the mind to produce such extremities of evil, unless properly controlled, is utterly unable to lift him out of the slough into which he has fallen; until at last he is led, or in desperate desire for immediate and radical relief, he falls into the hands of the surgeon. Alas! Hapless man. Now he is in reality at the farthest point from that hoped-for relief which it is possible for him to get—for

the surgeon accustomed by his training and work to meet diseases produced by definite organic changes in the body and remove them with his keen and ever ready scalpel, is the last man in the world to recognize the cause of the trouble and bring relief to our distressed psychoneurotic, unless it happens that after the explorations of the knife have laid bare the baselessness of his fears, he still have left good sense enough to right himself and set out upon a new voyage of life freed from the mental distresses which he has hitherto inflicted upon himself.

There is probably not a man who has been any length of time in practice who cannot look back upon his work and recall one or more cases of this purely neurotic character which he has mishandled, or allowed to be mishandled more or less badly through a lack of appreciation on his part of its true character. Let us resolve, then, to give this psychic element more weight in our estimate of disease—to procure and study some of the newer and profounder works upon this subject—such as Du Bois, Forel, and others—and avoid the possibility of ourselves repeating such grievous errors in the future.

Then, too, will we find an end to the so-called "therapeutic nihilism," the placing upon the innocent and passive drug agent of the burdens of failure to accomplish results expected—when such failure is due really to our own lack of discernment in not recognizing the oftentimes overwhelming preponderance of the nervous element. The fault lies not with the drug, but with our application of it.

The ability to recognize this psychic element in disease; to meet it with the proper weapons of persuasion, explanation, and suggestion, will add dollars to the income of any physician, lustre to the name, and years to his life, and will turn many an otherwise baffling and discouraging struggle with disease from dishonorable defeat into most gratifying victory.

—If we had it to spare just now, we would like to bet a red apple with Frederica E. Gladwin, M. D., of Philadelphia, that her paper read before the Homeopathic Medical Society of Pennsylvania, September 17-19, entitled, "The Meeting of the State Homeopathic Medical Society in the Materia Medica Woods: A Character Sketch," was a fine one, and well received. And apples of any kind this fall are very high.

Motors for Medical Men and the Comparative Cost of Horses and Motors.

BY B. G. THOMAS, M. D.

On this subject diverse views obtain, and it is very difficult to lay down any positive statements. On the whole, the general consensus of opinion appears to be that if a motor be in constant daily use there is not much difference in the cost. The motor, however, does the work more quickly, and so either gives more leisure or enables its owner to do more work. A large number of medical men, amongst them even some who have found motors to be somewhat more expensive than their horses used to be, declare that nothing would induce them to go back to horses again.

The expense will vary with the owner; there is no doubt that for intermittent pleasure-use motors are less expensive than the horses which could do the same work. But the heaviest item of expense is in the wearing out of tires, a matter partly of mileage, and partly of the skill of the driver. The man who comes up to a door at fifteen miles an hour, and stops within a few yards by a free use of his brakes will have a much heavier tire bill than the man who so judges his distance that his car runs itself to a standstill at the right point; and the man who picks his way along the best parts of the road, and avoids, as far as may be, new laid stones, or, if he cannot avoid them, puts a good pace on to his car, and takes the clutch out as he reaches them, so that the car runs over them by its momentum, and with no power on its driving wheels, will save a good deal in the cost of renewal of tires.

Then, too, the owner who understands his car, is able to attend to small matters himself, and is the real master of his chauffeur, will have smaller repair bills than the man who employs an expensive driver, and is at his mercy as to the necessity for repairs and renewals, on which the driver gets a commission. Again, if an owner usually drives his own car, and employs only a coachman or a boy to clean it, he will effect a large saving; and the man who loves a beautiful machine and nurses it, not putting it on every occasion to the utmost of its powers, will reap the advantage in economy of running. For these and sundry other reasons two persons owning similar cars, and traversing the same mileage in

the year will find their expenses by no means identical.

The Various Makes of Cars.

It would be unwise to recommend any particular makes of car, for several reasons, the chief perhaps being that no one man can have a thoroughly intimate knowledge of more than a very few cars. No process of inspection, no trial runs, no general acquaintance with the mechanism, constitute a real knowledge of a particular car. It is necessary to have owned it for a considerable time, to learn how its parts have worn after a few thousand miles, and what weaknesses it has developed, if any, after long use, before one can be said to know a car. For many a poor car, constructed of inferior and soft material, will make an excellent show when it is new; but a very poor one, when it has run some five or six thousand miles.

The most desirable car for the medical motorist, if he feels that he can afford it, is one of 8 to 10-h.p. with two cylinders, two-seated, and the addition of some form of wind screen is desirable as a protection, as is a hood. But the writer, though possessed of both, very rarely uses them, preferring to rely on suitable clothing. If economy is to be studied to the uttermost, a 6 to 8-h.p. car, with one or two cylinders, will do excellent service if the hills in the district are not too severe in their gradients.

On the other hand, if the medical motorist is inclined to indulge himself in a car which is capable of more than fulfilling his actual needs, a 12 to 16-h.p. car with four cylinders, or even a 16 to 20-h.p. is an exceedingly nice possession. Higher powers than this are out of the question if economy is to be studied at all; indeed the use of high-powered cars is somewhat of a craze at the present time and is in the opinion of the writer an expensive mistake.

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The Origin of "Circumcision."

ALBERT CHURCHWARD.

Circumcision and subincision was a totemic rite practised originally by the Egyptians at the time of the early Stellar Mythos. In Chapters 17 and 58 of the *Book of the Dead* he will find the following, which is one version of the history of creation, or part of it: "They are the drops of blood which came forth from the phallus of Ra when he went forth to perform mutilations upon

himself." In another version of Creation it says: "*Anuk-pu hat-a em Khefa-a tataat-na em Khaibit-a Kher-na em re-a teches-a ashesh-na Shu Tefnut-na em Tefnut an atef-a nu,*" and in the Mesopotamian legend we find that they copied the Egyptians and made man out of the blood of Marduk, or copied this from the Assyrians, who obtained it from the Egyptians. Moses, who was a priest of On and well versed in the Stellar and Solar doctrines, when he left Egypt with his followers tried to obliterate as much as he could of the Stellar Mythos and retain the Solar with their eschatology, altered the date of age of circumcision as far as the Jews went. All the so-called laws of Moses were the old laws of the Egyptians, which is clearly proved by the inscription on the Code of Hammurabi (dates at least 1,000 years before Moses lived), and the custom had been in practice thousands of years before this, and was carried all over the world by an exodus that left Egypt at the time of the earlier Stellar Mythos. The practice of circumcision and subincision was part of their totemic ceremonies, and signified that the boy had now become a man and must be regarded as a begetter, an increaser, a father, a creator, etc.

The version in the Egyptian is expressed in a gross form, but the meaning is clearly spiritual. We must remember that these ancients expressed their ideas regarding spiritual life in a material and dramatic way—they had, in fact, no other means of doing so, not having the language to use as we have now; and, although expressed in a gross form, I am of opinion that the meaning was not such, but expresses the action and idea of emission of divine words and will from the Creator.

I find that the practice was universal at one time; and, as we see from Dr. Edward Seler's so-called "Twenty-day Sign" amongst the Mexicans and Zapotecs, it was practised there where the Solar Mythos never reached. (I do not agree with any of his decipherments of this sign; I have proved them to be quite different.)

It is a question whether the pygmies practise circumcision, and, although these primitive little people believe in spirits and have some sacred ceremonies, they have not reached the stage of totemism, which is the first sign language in forms and symbols and ceremonies to express their ideas, thoughts, and beliefs, and which was first worked out by the Nilotic negroes; and all was done dramatically, to impress upon their

minds that which they had no words for. There must have been a great exodus of these at a very remote time, as from all anatomical and ethnological studies I find they all correspond, as well as the signs and symbols in use amongst them, in all parts of the world. The meanings of all these rites and ceremonies are now lost to living natives. The only answer they give you, "It has always been," but the meaning and the key we find in the Stellar Mythos of Egypt, and to these only can all be traced back.

Although the quotation above refers to "Ra" and "Khepere" of the Solar Mythos, the rite originated ages before this, in fact during earlier Stellar, and was associated primarily with Horus I., as is proved by finding it amongst those where the Solar never reached.

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*Urinary Deposits in Gout.**

BY W. THEOPHILUS ORD, M. D.

The importance of noting the condition of the urine in gouty conditions is well known, and indeed cannot be overlooked by any practitioner who desires to treat gouty patients successfully. In looking through some recent text-books on medicine, I have been astonished at the paucity of information given on the subject of the urine in gout. Most authorities content themselves by stating that the urine during attacks of gout resembles febrile urine; a few say that urates cloud the water passed before and during gout, and one or two state that uric acid is eliminated in increased quantity during such an illness. Most of us have learnt a good deal more than this, probably not from books, but from practical observations on patients. To state briefly what I have myself observed in the light of modern clinical investigations is the object of this paper.

The urinary deposits most often met with in gouty states are four in number: namely, Urates, uric acid, phosphates, and oxalates. I propose to consider, first, the causes of their appearance in the urine; secondly, their clinical significance; and thirdly, their value as a guide in diet, and in the choice of suitable homeopathic remedies.

Uric Deposits in Gouty Urine.

The deposit of urates so frequently seen in gouty and rheumatic patients is not necessarily a sign of these disorders; it commonly occurs

in healthy persons. Increased physical exertion, an attack of indigestion, or a change to cold weather, with diminution of fluids taken, will cause urates to deposit out of urine. When metabolism is for any reason increased, a larger output of urea ensues; and unless more fluid has been drunk to keep it in solution, a cloud of urates will appear in the urine on cooling. These soluble urates consist chiefly of those of sodium and potassium, with a small proportion of urates of calcium and magnesium. According to modern theories, it is believed that urates are produced by decomposition of nuclein in the liver, and perhaps in the spleen. The uric acid combines with salts of sodium and other bases derived from the food to form urates; any left over remaining free in the circulation, and causing, when in excess, gouty symptoms. Nuclein is formed in the spleen, as the results of proteid digestion are brought to it from the alimentary canal. Thus urea and urates are the degradation products of proteid digestion; strange to say, in birds and reptiles the process is arrested a stage earlier, the uric acid being excreted as urine, without combining to form urates of sodium and other bases.

When, therefore, metabolism is increased, as by great exertion, or in fevers, or through an excessive nitrogenous diet, a greater excess of urates and uric acid has to be excreted by the kidneys, more, in fact, than can be held in solution by the urine when cold. It therefore shows as an amorphous cloud of urates, or it may appear in some cases as gravel and sand, and in others as uric acid crystals. Further, the cloudy urates may differ greatly in appearance, varying in colour from deep red to pale brown or pea-soup color; whilst the sediment may be crystalline or amorphous. Beyond telling us that the color is due to the presence of certain coloring matters, to which imposing names have been given, modern clinical research reveals nothing as to the causes and significance of the great variety observed in the appearances of these urates. Why should some persons show excess of urates having the appearance of pea-soup in the urine, and others as if of blood? Why do some pass uric-acid crystals and others gravel? Thanks to the law of similars, homeopaths take advantage of these facts in selecting their remedies, but I am convinced that our knowledge of gouty conditions can never be pathologically accurate until these urinary deposits are better

* A paper read before the Bournemouth meeting of the Western Counties Therapeutic Society. Br. Homeo. Review.

understood. Two suggestive facts may usually be observed in such cases: Firstly, that each gouty patient passing urates in excess has his particular variety of kind, color, etc., which is seldom deviated from. For example, a patient whose gouty attacks are preceded or accompanied by deposits of gravel or brick-red urates will never pass pea-soup-colored urates. One who passes oxalates in gout will seldom pass uric acid crystals, and so on. Secondly, that under successful treatment these deposits first increase in amount and then tend to disappear with more or less permanency.

The relation of urate deposits to diet is similar to their relation to gout. What is bad for gout tends to increase the urates. But, clinically, their presence is of value in diet, for any food which is found to increase excretion of urates should be stopped at once, without waiting until it has brought on arthritic or other trouble. We all know that excess of proteids, in the form of butcher's meat, and especially beef, will increase the urates, so also will any food that is digested with difficulty, or which produces intestinal fermentation and flatulence. It is here that the great value of our well-proved remedy *lycopodium* comes in. When with red urates in the water, abdominal flatulence is present, and indigestion—especially fulness coming on during a meal—we have a picture matched by, and always relieved by *lycopodium*. I may give here other remedies credited with producing red sandy sediments: namely, *cactus*, *phosphorus*, *sepia*, and *silica*. Brickdust-like sediment occurs under *china*, *natrum mur.*, *phosphorus*, *pulsatilla*, and *berberis*. A remedy of great value in gouty symptoms of all kinds, and but little used, is *solidago virgaurea*, the golden rod of old-fashioned gardens. Its great characteristic is urine loaded with urates of a pea-soup color. In cases of chronic gout having this symptom, I have found it of greater service than any other single remedy. This recommendation is from the late Dr. Compton Burnett. *Solidago* is an old herbal kidney medicine.

Uric Acid Crystals and Deposits.

The typical form of this deposit is, of course, the passage of the well-known cayenne pepper crystals of uric acid, so common in chronic gout. This may be the only deposit, or may be mingled with amorphous urates. There is another form assumed by uric acid—that of golden crystalline

points, often collecting at the bottom of the urine glass. Their colors are due to the urinary pigments, natural uric acid crystals being colorless. Uric acid is deposited from any concentrated urine after standing long enough for ammoniacal fermentation to take place, as it is insoluble in *alkaline media*, it is then a normal constituent of urine, but probably only appears immediately when in pathological excess. The passage of crystals with the urine occurs commonly under three conditions: (1) In children, when it is said to be of little clinical importance; (2) in later life as a sign of calculus; and (3) in gout. In childhood it is certainly seen more often in children of gouty parents, and in those who afterwards exhibit gouty conditions or form calculi. It is well to remember that the appearance of uric acid in the urine depends upon its acidity, as it is soluble only in *acid media*: when acidity is low, whether in the tissues, blood, or urine, uric acid tends to be deposited.

The relation of uric acid to gout is far too great and difficult a subject for present consideration, but I may in a few words endeavor to give some modern ideas on this relationship. *Firstly*, as to the liver. In this organ uric acid is oxidized into urea, and thus is prevented from accumulating in the blood, from whatever source it may be derived. The formation of uric acid does not take place in the kidneys, as used to be supposed, they being only concerned in its excretion. Hence a small or inactive liver, performing its work badly, fails to oxidize entirely the uric acid brought to it, and small quantities of uric acid are retained in the system. These are eliminated with difficulty, and may gradually accumulate, until gouty symptoms are produced. *Secondly*, it is now doubted by some authorities whether uric acid is the main factor in the production of general gout, although urates of soda form its well-known local manifestations. But a series of semi-poisonous bodies known as alloxurs, or purins, of which uric acid is one, and xanthin and hypoxanthin others, seem to be variously concerned in the production of protean forms of ill-health we attribute to gout and uric acid. *Thirdly*, an increasing number of observers now agree that many forms of ill-health (ranging from migraine and sick headaches in youth to actual gout, chalk stones, chronic rheumatism, calculi, eczema, degeneration of arteries, apoplexy, etc., in after-life, with many others too numerous to mention) are really due to the pres-

ence of various gouty matters in the system, of which uric acid is one, working in various constitutions in different ways, by their varied chemical and vital affinities, and altering their effects as age advances.

The deposition of uric-acid crystals in urin is, of course, only one form of these disorders, and appears to be due to low acidity or alkalinity failing to retain it in solution. Though usually significant of a plus formation of uric acid in the system it is not always so. Its occasional presence is doubtless significant in gouty persons of coming trouble. From the homeopathic standpoint its presence is of value, because so few drugs have been shown to be capable of producing uric-acid crystals in the urine, apart from the usual cloud of urates of gravel. However, in persons who usually pass crystals, any drug affecting the excretion of uric acid will cause it to pass in this way; only, however, in such persons. Others who get rid of gout without exhibiting uric acid in deposits may be equally benefited by the same remedy. We cannot, then, name any drug which will cause uric-acid crystals to appear in the urine of every gouty person. The two drugs which in my experience come nearest to doing this are *urtica urens* and *lycopodium*. The former was brought into notice by the late Dr. Compton Burnett. I have found that in some cases discharges of uric-acid crystals follow its use. Of its value in acute gout there can be no doubt; symptoms disappear with great rapidity under its use. Besides these two remedies, there are a number of drugs useful in various gouty conditions, most of which are credited with causing muddy urine, or red sand or gravel, to pass. This might be expected when we remember that in patients accustomed to these symptoms, any circumstance or drug that disturbs metabolism will thicken the urine. Until modern methods of pathological research are applied to urinary deposits in drug provings, we cannot expect to progress in this department of homeopathy. I am glad to know that under the auspices of the British Homeopathic Association some such investigations are now being undertaken.

A brief reference to phosphates and oxalates is all that I can attempt in this short paper. The phosphatic deposit occurring in gout consists of triple phosphates, which may occur as crystals or an amorphous deposit. They dissolve on addition of acetic acid to the urine, which is either

feebly acid or alkaline. These are not commonly recognized as indicative of gout. But I have known gouty patients who always passed urine clouded by phosphates after muscular exertion or after a good dinner with acid wines. Often morning headache accompanies this, and there seems to me a connection between this symptom and gouty headaches or cerebral gout. The urine often appears to be covered by an iridescent fibre or pellicle, which disappears when the vessel is shaken. Persons having this symptom rarely pass uric-acid crystals or deposits of urates.

Oxalates are frequently found as a cloud in gouty urine. Their peculiar hummocky appearance is recognized by us easily. Its occasional appearance is quite distinct from so-called oxaluria, which is characterized by headache, emaciation, and great mental depression. The ingestion of food containing oxalic acid will precipitate an attack of acute gout in some patients. A very gouty patient of mine, an old Indian general, induced a severe attack by once eating sorrel salad. Sorrel leaves are seldom eaten in this country, but gooseberries and rhubarb contain oxalic acid, and certainly are bad for such patients. An attack of indigestion, especially with intestinal flatulence, will often be followed by excess of oxalates in the urine. Haig believes that this is due to absorption of sulphuretted hydrogen from the bowel, which combines with excess of urates in the urine to form salts of oxalic acid.

There is one interesting point I may mention in conclusion. The occasional presence of hippuric acid may occur in the urine of gouty patients. This is not a deposit, but is known by the strong odor, resembling that of horse's urine. This can be produced in healthy persons by administering *benzoic acid*, which gives us the valuable clinical guide of strong-smelling urine as an indication for its use homeopathically. In almost all cases of gout when hippuric acid can be recognized by its odor in the urine, *benzoic acid* will do good. There is no remedy in gout that I prescribe with more satisfactory results when this indication is present.

—As we go to press we learn of the death of Dr. Harvey B. Dale, of Oskosh, Wis., as the result of an operation for appendicitis. Merely noting our great sorrow at this untimely death, for the present, we will write it up more fully in an early issue.

On a Use of Secale Cornutum.

BY PAUL TESSIER, M. D.

We had opportunity to employ with success *secale cornutum* in two cases, where, at first, this drug did not seem to be indicated.

Last year we saw a man of about sixty-seven, whom we knew long ago, and who complained of cold fits. He suffers from emphysema and asthma. To relieve the asthmatic paroxysms he burns, several times a day, a powder well known in France. But he has also cardiac complications: although anomalous sounds cannot be found by auscultation, this organ is hypertrophied and weakened with irregular and frequent beating. Walking and ascending stairs is difficult, and from time to time he is obliged to have recourse to *digitalis*.

For two or three years he has been subject to a sort of cold fits, that came irregularly, remained some time, and disappeared, but leaving a great weariness for two days. *Chin. sulf.* had given relief, but without recovery: it had been the same for *aconite*, *arsenicum*, *cedron*, and several other drugs. On investigation we learned that the fits always came on the same way. There was a coldness of feet and hands; they became pale, cold, with an intense feeling of uneasiness; afterwards head seemed to be warm, beating, which suggested the thought of fever; after some hours the limbs became warm again and all ceased, leaving only weariness. As this fever seemed not to be usual, we observed the temperature of the body, and we saw that during the fits it was not elevated, ascending sometimes only some tenths of a degree, without ever being in relation with the sensations of the patient.

We then thought that this man, rather old, with arteriosclerosis, was afflicted with vascular or rather arterial troubles, and as *secale* just produces this tightening of arteries, this sort of an anemia of extremities that characterized the beginning of the fit, and whose head congestion was but the reaction, we gave *secale corn.* in the third decimal trituration. Under the action of this drug the fits rapidly diminished and disappeared, without coming again for several months, a thing that had not happened for a long time. They came again, however, this last spring, but the same treatment cured them again.

A few weeks ago we also had the opportunity of seeing a lady who complained of almost the

same thing. Sixty-nine years old, large and tall, with an irregular and easily weakened heart, arteries somewhat sclerosed. She suffered from fever with fits, with coldness of extremities, and head congestion. *China sulf.*, *glonoin*, *aconite*, *bellad.*, had not succeeded. Otherwise, as in the first case, temperature was not higher than normal. The story of my other patient came to my mind. I gave *secale*, third decimal trituration, and the improvement was rapid.

It then appears that these false cold fits, without any increase of temperature, are often the consequence of a tightening of already sclerosed vessels, on account of cold or an emotion, and that *secale* is quite homeopathic to this state, as shown by the above cases. *Naturam morborum curationes ostendunt.*

♦ ♦

Alcohol and Abstinence.

Statements have been frequently made to the effect that much of the popularity of patent medicines as a class depends upon the fact that so many of them are merely disguised alcohol, and investigations recently made in the United States seem to prove that the connection between the two trades is even closer. Dr. Grinnell, vice-president of the New York Medical Legal Society, has produced facts which seem to suggest that their independence is so great that under present circumstances the one trade is likely to rise as the other falls. In the State of Vermont, where the sale of alcohol is absolutely prohibited, the patent medicine trade has increased to a greater extent during the last few years than in any other part of America, and the sale of certain drugs, opium in various forms, cocaine, Indian hemp, and to a less extent quinine, has greatly risen. The amounts which Dr. Grinnell has ascertained to be sold in the State of Vermont must certainly be very far above anything which the medical needs of the inhabitants can justify; they are estimated at being equal to not less than one and a half doses of opium a day for every adult in the State, a dose being calculated as 1 gr. of opium, 1-8 gr. of morphine, 1-2 oz. of paregoric, and 20 minims of laudanum. These statements show that stimulants do not necessarily mean recognized alcoholic drinks, and that a man cannot safely be classed as a total abstainer in the true sense of the term simply on the ground that he eschews wine, spirits, and beer. Those who would be truly temperate must be careful to avoid dosing themselves with domestic remedies in real or fancied illness, and especially be wary in respect of all fluid proprietary medicines.



The Medical Library

By O B SERVER

Die Verletzungen des Gehörorgans.

Professor Passow finds difficulty in drawing the line between cysts and hematomata of the auricle, and considers them, therefore, to be identical in nature, the effusion of blood being accidental. The question as to whether orthoematoma is traumatic or spontaneous is discussed, and the author considers that it is generally of traumatic origin. He is thoroughgoing in urging immediate aseptic incision except in the case of insane or unruly patients who would disturb their dressings, and for whom repeated puncture is, therefore, preferable.

The anatomical variations in the relation of the condylar process of the mandible to the osseous auditory meatus are specially described from the author's original investigation, particularly in view of fractures of the meatus from blows on the chin. He shows the danger to be least when the posterior articular tubercle is well developed and vice versa. In the former case the meatus is only likely to be fractured when the blow is received to one side of the chin (the "point" in boxing) not in the middle line. The cause and site of traumatic ruptures of the tympanic membrane naturally constitute an important section of the book, and among other points he proves that ruptures by direct violence from the entrance of sharp bodies into the meatus may be either in the posterior or the anterior segment according to the direction of the introduction, as proved by original experiment on the cadaver and observations on patients.

Orthopedic Surgery.

Dr. James K. Young, of Philadelphia, modestly calls his book a "Manual and Atlas of Orthopedic Surgery." As the work is a quarto weighing over eight pounds, the name of manual seems hardly appropriate. It is as the older publishers used to state, "profusely illustrated" by over seven hundred photographs and drawings. We congratulate the author on the moderation of his remarks on prognosis, in joint diseases, but, although he

states that in Pott's disease the deformity, once present, never entirely disappears, he does not insist on the inevitableness of this result, owing to destruction of the growth centers on the front of the spinal column. In common with many others, he appears to attach more importance to the treatment by jackets or supports than to that by suspension or recumbency; and there is no mention of the valuable method of treatment by suspension in the sitting position. The statement, "When it is possible, efforts should be made to remove portions of the diseased vertebrae (*sic*) through incisions made for the escape of pus, or by enlarging old sinuses," needs to be qualified by the proviso, "if the presence of a loose sequestrum is suspected." Otherwise such operations seldom shorten the course of the disease.

The remarks on pressure paraplegia and forcible correction of deformity and of laminectomy are judicious and moderate, but there is no mention of Menard's operation for paraplegia, which in suitable cases has given good results. The chapter on lateral curvature is full, but we could wish that the author, as well as other writers on the subject, would give us some statistics showing the results achieved by treatment, especially as various elaborate machines for making exact records are described and figured.

The chapter on infantile spinal paralysis is rather short. Tendon transplantation is dealt with briefly, but beyond a few words the value of the method, which has been of late questioned, is not discussed. For congenital club-foot Dr. Young prefers to put off operations on tendons till the child is from eight to twelve months old. We must confess, however, that we fail to see the force of his arguments. If tendons are contracted, the sooner they are lengthened and growth guided in the normal direction the better; and while we cordially agree with his remarks on the disadvantages of tarsectomy, we do not think that he appreciates the value of Phelps's operation when combined with a skin flap and grafting. The section on congenital dislocations of the hip is clearly and succinctly worded, and

leaves little to be desired. On the whole, we can warmly recommend this book to all practitioners who want a text-book on orthopedic surgery.

Gastric Surgery.

In this book the first lecture and part of the second are devoted to the operation of gastro-jejunostomy. Without contributing anything new to the subject, Mr. Paterson presents the various problems which surround it in a lucid manner, and shows a thorough acquaintance with contemporary work. Rapid changes in practice and technique are taking place in the surgery of the alimentary tract, and the fact that already after a few months some portions of this work are out of date shows how much the subject is alive. Writing to-day, Mr. Paterson would no doubt alter some of his arguments regarding the comparative merits of anterior and posterior gastro-jejunostomy, and would devote more space to discussing the "no loop" operation of Petersen. There is no mention of Kocher's gastro-duodenostomy, which deserves notice in connection with other similar procedures which are discussed.

Of much interest are the author's observations on the effect of gastro-jejunostomy on metabolism; he found that the unabsorbed nitrogen of the food-stuffs did not in any case amount to more than 2 per cent. above the amount usually passed by a healthy individual. Although the observations were only four in number, they may certainly be accepted as important evidence going to show that gastro-jejunostomy does not materially interfere with the digestion and absorption of food. They conflict with Jöslin's two observations on the same matter.

The section on infantile pyloric stenosis presents a useful summary of the results of operative treatment in this condition, which, in the author's opinion, show the general superiority of gastro-jejunostomy over pyloroplasty and other procedures. At the end of the third lecture an outline is given of the present position of the operative treatment of gastric cancer. Mr. Paterson pleads for less pessimistic views on the part of surgeons. It is a fact that a rapid improvement in immediate results has taken place during the last few years, so that now the mortality of gastrectomy in competent hands, is under twenty per cent. Further advance depends largely upon earlier diagnosis, and Terrier (quoted by the author) has summed up the matter by saying,

"As soon as medical men grasp the necessity of early operation the results will be good." The appeal in this sentence is of course hackneyed, but it is by no means yet out of date.

Recent Advances in the Physiology of Digestion.

Lectures I and II in this book by Dr. E. H. Starling deal with the changes that food-stuffs undergo in the process of digestion, which amount practically to their being taken to pieces in order to fit them for use in building up the tissues of the animal into whose body they are introduced. Thus, albuminous food is not only converted into albumoses and peptones, but into the yet further stages of amino-acids, starches, and can sugar, into glucose and fats, into fatty acids and glycerine. These chemical changes are all alike hydrolyses, or the taking up of one or more molecules of water; the agents effecting them being ferments, of which, as each change is specific, there are a great number. Besides the ferments there are other essential aids which increase the velocity of the reactions called catalysers, and the extraordinary energy of these processes is further explained by the physical state of the bodies concerned which are present as colloidal solutions. The velocity of the change is found to be inversely proportional to the concentration of the ferment but directly in ratio to its amount, but it diminishes in process of time until it stops altogether from the formation of an antiferment which may be the end-body of the fermentation; for example lactase and maltase are checked by galactose and glucose. This checking is explained by an adaptation of the theory of Ehrlich, the ferment consisting of a proteid group with two side-chains, of which one—the haptophore—is peculiarly fitted to anchor the ferment to the body to be attacked; while the toher—the zymophore—is responsible for the resulting changes. This zymophore may be altered or destroyed without affecting the haptophore.

Another method by which ferment action may be checked is by reversal of the chemical process, as in the case of methyl acetate and water, which form methyl alcohol and acetic acid, while acetic acid and alcohol form methyl acetate and water, the interaction being determined in either direction by altering the amount of one or other of the four substances. The combination between the ferment and antiferment is explained as being physical, not chemical; it is called absorption,

an example being the taking up of iodine by starch.

The reader may be glad to leave these obscure problems of physics and chemistry to turn to the more familiar terminology of the subsequent lectures, which deal with the secretion and conditions of action of the various digestive juices and with the mechanism of the various parts of the alimentary canal. The secretion of saliva is under the control of the nervous system, and may be produced by psychical stimuli, as in the familiar mouth-watering at the thought of food, but the secretion of gastric juice, while mainly effected by the same means, is also caused locally by the action of certain "peptogens," always present, for example, in extracts of meat or soup, as was long ago pointed out by Schiff. The secretions of the pancreas and the intestinal glands are wholly dependent upon these local chemical stimuli or hormones, and are not at all under the influence of the nervous system.

Secretin is the name given by Starling and Bayliss to the hormone discovered by them in extract of the duodenal mucous membrane, which when injected into the blood causes a flow of pancreatic juice; it also stimulates the flow of bile and the succus entericus, but the gut itself secretes a special hormone. Trypsin, the proteolytic ferment of the pancreatic juice, is not found in this secretion when pure, but is present only in the potential form of trypsinogen, which is converted into trypsin by the action of enterokinase, a ferment formed by the intestinal mucous membrane, and well named by Pawlow a "ferment of ferments." Another interesting point is that the time at which the various digestive juices are formed after the taking of food differs; thus, the flow of saliva is instantaneous and copious, as is that of the gastric juice, the amount diminishing after the first two hours, but the flow of the pancreatic and intestinal juices reaches its maximum in the third hour. The adaptation of the various elements of the pancreatic juice announced by Pawlow, such as trypsin to meat diet, amylase to bread, and lipase to fat, has not been confirmed, the case that seemed strongest, that of lactase, having been disproved by the work of Bierry and Plimner. The islets of Langerhans, of which we have heard so much recently as the parts of the pancreas especially related to the production of the internal secretion concerned in the assimilation of glucose, and whose destruction has been said to be the cause of diabetes, turn out to be merely stages in the growth of the pancreatic alveoli, all parts of the gland reverting to this condition as the result of activity, so that there is a constant formation and disappearance of these islets; the relation of the pancreas to diabetes remains an unsolved problem. The salts of the bile

possess the important property of doubling the proteolytic and amylolytic action and trebling the fat-splitting power of the pancreatic juice, while they are the most powerful of cholagogues.

The mechanism of the pylorus, which has been somewhat of a puzzle in the past, is explained in the following way: It is relaxed by the presence of acid chyme in the stomach, contracted by the presence of acid chyme in the duodenum, and relaxed again when this is neutralized by the alkaline pancreatic juice. The movements of the stomach consist of (a) tonic contraction of the fundus, and (b) peristaltic contraction of the antrum pylori, until ultimately the stomach assumes the shape of a curved tube. The movements of the small intestine are also of two kinds: (a) segmental contractions, which do not propel the contents onwards; and (b) peristalsis, which propels by alternating movements of contraction and dilatation, the former being always above, and the latter below. In the cecum there are peristaltic and anti-peristaltic movements which cause an active circulation of the contents up and down, extending from the cecum into the ascending colon, and to a less extent into the transverse colon; in the sigmoid the contents rest, while the rectum is the organ for expelling them.

Treatment of Diseases of the Digestive System.

Professor Saundby's manual is written strictly from the point of view of the practical clinical physician. The signs, symptoms, diagnosis, and treatment of diseases of the esophagus, stomach, intestines, and rectum are discussed in order. In a short but comprehensive note on the indications for operative interference in diseases of the stomach, Saundby lays it down that surgical aid is immediately required in impermeable stricture of the esophagus, perforated gastric ulcer, subphrenic abscess, foreign bodies in the stomach, and pyloric tumor with symptoms of pyloric obstruction. With regard to recurrent hemorrhage from the stomach, he appears to approve the conduct of those surgeons who refrain from operating, remarking that, as a rule, the application of an ice-bag to the epigastrium and rectal feeding are followed by recovery. Gastric ulcers, he says, generally recover under medical treatment, the indications for operation being, in addition to perforation, intense pain or persistent vomiting, which does not yield to medical treatment; hemorrhage may suggest, but does not indicate, operation, while hemorrhage from a duodenal ulcer calls for gastro-enterostomy; simple dilatation of the stomach, however great, if the stomach empties itself in eight months, does not, he holds, call for operation, but a longer delay, indicating pyloric stenosis, or the complication of tetany, both call for the interference of the surgeon. With regard to cancer, early operation is recommended, but the difficulty of diagnosis is recognized.

TOPICS OF THE HOUR

The Recent Memorial Exercises.

It was to be expected at Jamestown Exposition that most of the Bureau work would be sparsely attended and poorly participated in, but in view of the fact that the whole Institute was housed in one hotel (Inside Inn), that there were no Exposition attractions at the time (nor, forsooth, later), and that it was only the first day, that some measure of interest and attendance would be manifested in the advertised Memorial services. But it was a repetition of former, most recent, experiences. Save and except a few of the Old Guard no one seems interested in the dead. To be sure, in the absence of the promised invocation and music, and of several expected speakers, much of the sweet beauty and solemnity of the occasion was marred; but long before these various defects and delinquencies became known, it was found that the membership would not congregate. Dr. Biggar, who had been appointed by the honorable President Dr. Hooker, to take charge and conduct the Memorial Services, in the absence of the necrologist and Chairman, found such lack of interest, notwithstanding his eloquent appeals, that at the close he indulged in a little scolding. Think of it, ye members who were not present, and as well the others who were present, when such giants as Pemberton Dudley, a life-long member, serving faithfully and honestly in many capacities, even the highest; and genial, most lovable Francis Doughty, can be suffered to go quietly into apparent oblivion—barring a set address for each, the authors whereof were not present; when no one of their old companions in Philadelphia and New York would bear even a moment's testimony to the memory of these great men;—what shall the conclusion be of the whole matter? Has not the time come in the history of our Institute to entirely ignore the dead—as a public exercise—and restrict all mention of them to a simple necrological report, not even to be read in meeting, but merely printed in the Transactions? A member writing to us afterward said:

"The attendance was very small and those present informally expressed the opinion it would

be better to return to the custom of having an evening hour for these services, as during the afternoon no minister is present to pronounce an invocation, neither is there any music, and altogether the solemnity of the occasion is marred. There was a water-trip that afternoon and it was thought many preferred to join in that recreation rather than attend a memorial service; whereas if the services were held in the evening, it would make somewhat of an evening affair of it, semi-dressy, and a better attendance would be insured from a social standpoint if nothing else."

This voices the prime reason for the indifference and absence at Jamestown Exposition. This membership wanted it to be a social affair, an evening affair. This does not, however, consider that it was an evening affair in former times, and it was found that, even so, the members and their ladies preferred to attend functions elsewhere: having no time for the departed.

We of the older members of the profession and of the Institute are realizing that the commercial and prosaic trend of the day has found a lodgment in our professional as well as Institute work. The younger generation has lost all reverence for the living as well as the dead; for the present as well as the future. Religious worships are neglected. The Deity and His Son are denied or ignored. Honor Thy Father and Thy Mother no longer appeals as it did a generation or two ago. And to honor the dead, however meritorious, probably smacks to this present generation of the ancestor worship of the Chinese. Let the dead bury the dead! They have had their day and their fling and their successes; now they are down and out: this is *our* day—and that means hustle and bustle, fuss and fury; no time for the sweet repose, the uplifting poetry and finer sentiments of human living; we ride in the juggernaut; out of the way! And when you have galloped in feverish haste through life with all of its unnecessary worry and rubbish, there will be none so mean to do *you* a trifling reverence at the close thereof.

The Institute ought no longer to have Memorial Exercises.

A Fraternal Society Note.

Dr. J. W. Mastin was installed Chancellor Commander of Enterprise Lodge, No. 81, K. of P., the 10th of last month; public doin's with pie, etc.—*The Critique*.

This is respectfully referred to that other great and high-browed homeopathic editor and K. of P., Arndt of Frisco, for his information, delectation, and enlightenment. What a pity that two such good men and true failed of getting into the real and for sure secret organization, Masonry? The K. of P.'s are good, so are the K. of C.'s, and the Elks, and the I. O. O. F.'s, and the I. O. F.'s, and the K. O. T. M.'s, and the other many, many modern initialed secret organizations and fraternal orders; they all have public doin's with pie, etc.; indeed, some of them seem to have a good deal more of public doin's than they have of anything else—that and the insurance feature being the ties that bind; still, after all, all these Protestants and Catholics in secret bonds assembled have had to get their initiative from Free Masonry, which has flourished since Time runneth not to the contrary, and among all classes of peoples, and in all nations. The ponderous post-prandial proportions of Arndt would fit him most excellently well for the goat-work in some blue lodge of the masonic craft. As and for the lithe and blithe Mastin we would rather meet him higher up on the masonic ladder, somewhere where the hot sand burns the barefoot feet of the pilgrims, and a small rope and a skin of camel's milk are pretty nearly all the accoutrements needed for a journey under the blazing tropical sun, along the sterile shores of the Crimson sea. He wouldn't complain unduly of "cold feet," we warrant you, thereafter or thereupon, so to speak.

This reminds us of that novel occurrence in London, chronicled in the *Homeopathic World*, and referred to by the *Pacific Coast Journal of Homeopathy*: namely, the establishing of "The Organon Masonic Lodge, No. 3233." This ceremony took place on May 28, 1907, at the Westminster Palace Hotel, S. W. The ceremony was performed by the Grand Secretary, Sir Edward Leteliworth, as Deputy for the Grand Master, the Duke of Connaught. He was assisted by Lord Athlone as S. W., Dr. Sandberg as J. W., the Dean of Beeking as Chaplain, Mr. Frank Richardson, Grand Director of Ceremonies, Mr. Henry Times as I. G. The list of officers ap-

pendent are homeopathic physicians and we recognize several of the names as familiar to American homeopathic readers. The ceremony was most impressively performed by the Grand Secretary. The Grand Chaplain delivered an oration in which he extolled the motto of the lodge—"Aude Sapere." Oh, yes, sir, there was doin's here too, but presumably no pie—not in the sense that Americans use that word—for a pie over in that beknighted country, means a round sort of a dingus built up with "short" dough like a small teacup, with dough lining out-lining and cover, and filled with scraps of pork or weal, and the like muscular and animal pabulum. But we may safely assume that the doin's was good. The founder's jewel has on the reverse of the medal the portrait of Hahnemann, after the bust of David (which we saw in Léon Simon's office at Paris), and an exact duplicate of which surmounts the front of the Hahneman monument in Père La Chaise; while on the reverse of this medal is our famous inscription "*Similia Similibus*," with three snakes intertwined.

Where would we, in free and independent America, dare—mark well that word—dare establish a homeopathic lodge of masons! It is truly to the credit of our English brethren as homeopaths and masons to have taken this novel and most praiseworthy step. We salute and congratulate you!

We know that all these titled gentlemen who officiated and are members of the order, and other of the nobility from his Serene and Most Popular Majesty, King Edward VII. himself, on down the social scale, leave all their titles and worldly honors outside the tyler's door, and stand equal, upon the checkered floor, with the humblest layman who memberships with that lodge, or any other. That's the beauty of Masonry.

Wonder if Hahnemann was a mason.

♦ ♦

Another Institute Aftermath.

We learn from a source, unquestionably reliable, that The Eclectic National Medical Association—we may not be technically perfect in that title—sitting at Los Angeles during the Institute's session at Stramoniumville, sent a prepaid telegram to the Institute inviting the participation of the latter body in a matter of common interest. This telegram did not reach the Institute during nor since the closing of its black-Friday sessions. What became of it?

Tracers sent out after it, have likewise been lost in the mire and muck of Jintown uncertainties. But that is as nothing—seeing that there are no witnesses to its ever having penetrated the charmed circle within which was placed the redoubtable Inside Inn—this is as nothing when we allege that, having mislaid the cablegram sent by our Drs. Clarke and Burford from London to the Institute, we made application to the two telegraph companies domiciled in that breeze-swept verandahed Inside Inn, from one of which companies, of course, the cablegram was received, begging for a copy. The answer came in due season that no such cablegram had been received!

Now, as this was still early in the week, practically not yet the ninth hour, and there had been no meeting of the jolly, Unanimous Club, when we heard our beloved President Hooker read the cablegram, we cannot understand, seeing and remembering that we were still duly sober and capable of settin' up and takin' notice, and, therefore, not mistaken,—we cannot understand how President Hooker could have foisted a fake cablegram on an unsuspecting and hardly-tried Institute. And he surely did read such cablegram, for the stenographer's transcript of that morning's work refers to the incident. And, later, we learned directly from Brer. Clarke in London that the cablegram had been sent about the time noted in the report.

Can anyone, now, since the magnetic influence of the Oklahoma member is measurably wearing off, and the sweet lilting and lulling and lallygagging of Walton's dactylic poem is dissipating,—can anyone conceive of a more desperately, deplorably, despicable condition of postal and telegraphic service (?) than was found, or alleged to be found, in the Inside Inn?

It is easy enough to imagine that anything attached to or being in any way a part of the Stramoniumville Imposition would be freakishly irregular and negatively absurd; but why should this almost universal blight descend upon Uncle Sam's post office—wherever situate—and as well on Col. Clowry's telegraph shop? And true, also, was this of Tom Platt's Express Company and its pretended service: yea, if we are going to open up that unsavory garbage barrel again, there will be no end to the recitals of shortcomings and no-comings, indeed, in the transportation facilities and other public utilities. It was certainly the bummiest of bum Expositions that ever it has been our lot to see. It was the grandest lie ever

perpetrated upon a sovereign, easily and sometimes gladly humbugged, and long-suffering people. And if the several responsible heads are not ere long voted from the waiting list into active membership of that famous Club, whose *similia-similibus-curentur* slogan is, "a shorter and uglier word," then the Club ought to go to!

Still all this, singular and several, does not account for the loss of the cablegram which was visibly and audibly read though never received by the gentlemen of the nimble key, nor for the loss of the Los Angeles telegraphic effort which no one at the Inside Inn ever heard nor saw hide nor hair of; nor for the loss by the Express Company of two thousand programs (Official Announcements) sent by us in three separate parcels to the Inside Inn; nor yet for the loss of the bedroom slippers which a loving and Express-trusting wife had sent to her homeopathic, ease-loving, barefooted husband at the Institute.

However, be patient, ye disappointed hordes of the Institute, who wouldn't come down to the Institute from so near a distance as New York City or Philadelphia, although the Jimson Weed people captured the Institute because of the shoulder-and-wheel efforts of New York and Pennsylvania; don't lose your faith in the recovery of the Institute from even these two blows—Jimson Weed and Atlantic City,—for all this will be different next year, at Oklahoma City. We have the assurance of Dr. Hensley, and of his chief coadjutor Walton, that, having supped full with Horror's horrors at Jintown, and profited by our manifest discomfitures at the Inside Inn, they will give us such a meeting and such a greeting at Oklahoma as shall warm the several and respective cockles of our hearts. And surely the Institute needs it. It deserves the good time promised by our southern and southwestern friends. It has truly been long-suffering and patient. How many another organization would have gone to pieces after such a desperate venture as was our last meeting place. The west is glorious with life and opportunities. It is certainly most desirable that the homeopaths of California, the Golden, and all interlying states and territories and the south should be placated, and invited to pour in their membership and so give new blood, new impetus, and new enthusiasm to the old Institute.

Let us forthwith avoid Expositions, and other places where we are likely to get into trouble.

Another One.

Following closely upon the transmogrification of the Denver Homeopathic College into The Westminster University, we hear that the old Southern Homeopathic at Baltimore has become the Atlantic Medical College. And presumably these instances of the doffing of the homeopathic appellation and donning the other, the non-committal designation, are to be regarded as progress—progress from what unto what? Now don't all speak up at once please, you remnant host of homeopathic colleges,—but which of you will be the next to become progressive, creed-less, seed-less, and hermaphroditic? The American Institute of Creedless and Scientific Medicine: how would that look? It sure do sound euphonious and seems mouth-filling.

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The Institute Big Four.

On one day at the recently adjourned Institute session in the Jamestown Exposition, Norfolk, Va.—and please remember that we did not meet in Jamestown, for there is no Jamestown in Virginia,—the names of two applicants for membership, when read, evoked much applause and a good deal of mental patting on the backs of the two several and respective fathers. Two other names, sons of homeopathic medical fathers who were present, were read at other of the meetings, were clamorous for admission, but the reading of these names fell flat, and no notice was taken of them. The first two were the sons, the one of J. B. Gregg Custis, J. B. Gregg Custis, Jr., and the other Hugh McDonald Beebe, son of H. E. Beebe—the latter boy receiving his medical diploma from his alma mater on the same day that his application was voted on in the Institute. The other two, sons of equally worthy and handsome fathers and equally celebrated as homeopaths and specialists, are Harry Clifton King, son of William Rufus King of Washington, and for several sessions the indefatigable Press Committee, and Scott C. Runnels, son of O. S. Runnels, ex-president of the American Institute of Homeopathy, of Indianapolis. Four cleaner, straight-limbed athletic young men, together with four more popular “young” fathers, and better homeopaths and finer surgeons could hardly be found in a Sabbath Day's journey. Young men and homeopaths; you second-growth hickory, we greet you! May we live long enough to see you eclipse your several worthy sires in

homeopathy and good medical practice as well as surgery. Not every homeopathic medical father is so blest. There are Helmuth and Biggar and Ludlam and Korndoerfer and Allen and Farrington—but as you note their number is few. While the other walks of life attract the newer generation far more than the hard work, poor pay, and soul destroying responsibilities of medical practice and plodding.

♦ ♦

Advertising Quacks.

The Missouri State Board of Health has been getting after the advertising doctors. A couple of cancer specialists were deprived of their licenses recently and there are more cases to follow.—*The Medical Forum.*

More power to the Missouri State Board of Health—say we, and all good medical men everywhere! When once the duly appointed and constituted authorities, instead of restricting and crowding the ordinary, everyday, honest general practitioner with little naggy, tin-horn regulations and by-laws, chop into the notoriously vile advertising fakirs, and really bring them to book, then the medical profession will not array itself so hard and harshly against the present-day Medical Boards. A notorious abortionist-specialist of Cleveland, who has been several times trapped in his nefarious occupation, and once drew a two-year penitentiary sentence, but escaped on a legal quibble, was latterly again caught “wid the goods on.” It was found that he had been practising without diploma or license; had been indicted several times at the instigation of our State Board, and—well, he continued to practice what he is pleased to call medicine, and his name still appears in lavish extravagance on the windows and front façade of his office building, and in the daily newspapers; and if his most recent contretemps has caused him anything but a more abundant advertisement, it is not so far visible to the naked eye. He is not in jail; the Grand Jury seems loath to touch him; the State Medical Board is apparently helpless; and so he jogs along in his former indifference to the laws of the state and of the Medical Board. But if an ordinary law-abiding, tax-paying citizen-doctor, had infringed some of the wonderfully fine rules and regulations of the modern medical hierarchy, in this or some other state, behold how quickly he would have been yanked up, fined, and his diploma separated from him.

The Source of Inspiration.

"The best work that most of us do," says Dr. Luther H. Gulick in *The World's Work*, "is not begun in our offices or at our desks, but when we are wandering in the woods or sitting quietly with undirected thoughts. From somewhere at such times there flash into our minds those ideas that direct and control our lives, visions of how to do that which previously had seemed impossible, new aspirations, hopes, and desires. Work is the process of realization. The careful balance and the great ideas come largely during quiet, and without being sought. The man who never takes time to do nothing will hardly do great things. He will hardly have epoch-making ideas or stimulating ideas. Rest is thus not merely in order to recuperate for work. If so, we should rest only when fatigued. We need to do nothing at times when we are as well as possible, when our whole natures are ready for their finest product. We need occasionally to leave them undirected, in order that we may receive these messages by wireless from the unknown. We need to have the instrument working at its greatest perfection, be undirected and receptive. I am not advocating a mystic ideal."—*Literary Digest*.

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Absurdity of War Talk.

War in modern times presupposes some fundamental dispute or antagonism that cannot be dealt with by diplomacy or arbitration. Furthermore, war is usually attended by deep feeling on both sides. But it so happens that there does not now exist, nor has there ever existed, any cause of war whatsoever between Japan and the United States. Nor is there any warlike feeling in this country against Japan. On the part of the public men and influential people of Japan, furthermore, there is no warlike feeling toward the United States. Neither is there any question of interest involved, such as leads nations sometimes to find pretext for war because of some conquest or acquisition they desire to make. Japan possesses nothing that we could acquire or could possibly wish to gain. We, on the other hand, have nothing that Japan could hope to gain and hold with benefit to herself, as the result even of a successful campaign.—From "The Progress of the World," in the *American Review of Reviews*.

Obituary.*Eugene R. Eggleston.*

Dr. Eggleston, who died June 18, last, was a man of sterling qualities viewed from any standpoint, socially, domestically, and professionally. He was an Ohio boy, born in Aurora, July 28, 1838, and continued his activities in the Buckeye State to the end, barring a few years—1893 to 1897—as Professor of Clinical Medicine in the Homeopathic Department of the University of Michigan. He took part in the civil war, enlisting in the ranks in 1861, serving faithfully and patriotically, and resigned in 1864, having been brevetted Captain. We had the good fortune of being closely associated with Dr. Eggleston upon our first appearance in Cleveland, and found him to be a man of intense conviction, deeply grounded in the theory and practice of Homeopathy, a clear and cogent writer, teacher, and as well a good extemporaneous speaker. In his early lifetime, somewhere, he was a locomotive engineer, and at that time he began his struggle for self-education, later taking up the study of medicine in the office of Dr. T. H. Sweeney of Chardon, graduating from the old Homeopathic Hospital College of Cleveland in 1875. He located in Mt. Vernon, O., practising there with eminent success until he was called to Cleveland to accept the Professorship of Theory and Practice in his alma mater. This place he occupied from 1890 to 1894, and also officiating as Registrar of the College during its period of greatest storminess. His little book on "The Principles of Medicine" was a well-written—as it had been a well-thought out—brochure of his specialty, and those who were favored with copies appreciated the honest worth and long experience which the author had compressed within a few pages of print.

This man of intense feelings and energies at last began to feel the weight of his years, and the accumulations of the decrepitudes and heavy burdens of his early life as boy and soldier; and so his health began to break. Our last visit with the doctor, as we recall it now, was at a meeting of the Ohio State Society meeting, and at this time, he was greatly troubled with his failing eye-sight; though his mind was clear as a bell and he took his usual part in the work and discussions of the Society. Following this we learned that he had found it necessary to withdraw wholly from the profession of his whole life—for which he had taken a special post-graduate course in New York at a time in life when other men are content with the success attained, and ready to let younger men fill the breach of active struggles and for newer conquests. He engaged in mild farming just west of Chardon, and here the Messenger of Silence found him. If his life could be written, as he told it to us once

upon a time when he and we were waiting for a belated train somewhere in the interior of Ohio, it would fill a large book; and while it could not compete with many or possibly any of the biographies which litter the world's bookshelves, still there would be found in it many a helpful lesson for even the rapid generation of to-day. It was a full life, a life filled from radiant morn to dewy eve of each day with work planned and finished. And when the even came, and the laborers were called before the Grand Overseer of the quarries to receive their pay, and to give report of the cultivation of the talent entrusted to each, this brother was not found laggard or deficient; for he was provided with the white stone with a new name written thereon which admitted him to the True Rest and Peace within the Gates of Eternal Truth and Wisdom.

Correspondence.

THE AMERICAN PHYSICIAN:

Answering an inquiry recently made in an issue of your journal the following have been the meeting places of the Ohio State Society. This association was organized in Columbus, 1864, and the first annual meeting was held in Columbus in 1865. Meetings thereafter as follows: Columbus 1866, Cleveland 1867, Columbus 1868, Cleveland 1869, Dayton 1870, Cincinnati 1871, Toledo 1872, Columbus 1873, Springfield 1874, Columbus 1875. The World's Homeopathic Convention was held at Philadelphia in 1876. On account of the large number of members of the State Society that desired to attend the National Convention, the Executive Committee decided to postpone the meeting of that year. Findlay 1877, Columbus 1878, Cleveland 1879, Cincinnati 1880, Toledo 1881, Springfield 1882, Columbus 1883, Cleveland 1884, Cincinnati 1885, Toledo 1886, Cleveland 1887, Delaware 1888, Cincinnati 1889, Cleveland 1890, Findlay 1891, Cincinnati 1892. On account of the World's Fair in Chicago the Ohio State Society did not hold a meeting in 1893. Toledo 1894, Cleveland 1895, Piqua 1896, Akron 1897, Columbus 1898, Springfield 1899, Sandusky 1900, Columbus 1901; as the American Institute met in Cleveland, there was no State meeting in 1902, Columbus 1903-1904, Cleveland 1905, Columbus 1906, Cincinnati 1907, and the next meeting is to be held in Dayton in 1908.

D. H. BECKWITH, M. D.

EDITOR OF AMERICAN PHYSICIAN:

In your September issue, page 239, I notice a communication from John A. Webster, Chairman Christian Science Publishing Committee, State of Ohio.

He questions the following: "In the opinion of the jury, she might have recovered if proper medical attendance had been summoned."

There seems nothing untrue or unreasonable in this statement. In the first place it is the opinion of twelve men, and in our affairs the opinion of twelve men is usually correct, and who can prove that medical attendance would not have saved the child?

He further states as follows: "An eminent physician of Chicago, about a year ago, declared publicly that medicine was unpractical in the treatment of this disease."

The opinion of one eminent physician is not by any means the consensus of opinion of the majority of physicians.

The eminent physician meant to say that medicine was not remedial in pneumonia, but he most emphatically did say that medical attendance is invaluable.

By attendance means care, nursing, application of heat and cold, proper food, at times stimulants, with direction as to when to get up or remain quiet.

I do not believe the Christian Scientists can give the latter intelligently, and leaving out medicine here is where physicians would succeed and Christian Scientists fail.

Physicians have the honesty to publicly state that there are cases which resist all known medicine and medical attendance.

The best any of us can do in illness is to send for the one who knows the most about it and apply his knowledge accordingly.

At least that is what we do in other affairs of our life. If it is law, we send for a lawyer; if it is plumbing, we send for a plumber; if it is painting, we send for a painter, and if it is disease, we send for a trained medical attendant.

The fact that the Allopath, Homeopath, the Osteopath, the Christian Scientist have both failures and successes proves very little.

The vital point is, given each one of these systems fifty cases of pneumonia as nearly alike as possible, which of the fifty will make the quickest, best, and largest recoveries and enjoy the most comfort during the illness?

When Mr. J. A. Webster can give statistics from a source of that kind he will be able to convince us that he has the privilege of classifying Christian Science with the practice of medicine.

Supposing the physicians who followed the Japanese army in the late Russo-Japanese war had been replaced by Christian Scientists; supposing the victims of a large railway wreck had been attended by Christian Scientists; supposing fifty cases of diphtheria had been attended by Christian Scientists.

Then we would have an opportunity of knowing just how criminal it is to place life in the hands of those who are untrained in combating disease.

The large majority of people, it is true, have

only a cursory knowledge of Christian Science, and this is largely because of its inconsistency.

For generations past we have been taught to give names to diseased conditions; years of experience handed down have taught us to be able to cure and relieve many of them, and it will require more than Christian Science to uproot this accumulation of knowledge.

The large majority of people do, and the large majority of people always will, call upon those who are best trained to care for the sick.

At this age legally and morally, regularly licensed practitioners of medicine are recognized in that capacity.

The Christian Scientists have one single truth and that is the recognition of the influence of mind over matter, and their inconsistency commences where this influence ceases.

They do not recognize a limit and consequently they are generally inconsistent.

Ethics and modesty limit our advertising, circulation; and exaggeration marks theirs.

The fact that a large number of persons in this country have been healed by Christian Science after other means have failed, proves nothing, because all methods of treatment can justly make the same claim.

The question is, Which system cures the most frequently?

Yours truly,

A. W. CALLOWAY.

TO THE AMERICAN PHYSICIAN:

We hear so much these days through our leading homeopathic journals about the decadence of homeopathy that it gives one who is trying to practice good homeopathy the "blues" to be told that we are losing our identity and that it won't be long till we are absorbed by the dominant school. No doubt this is partly true, but the fault is not all with the Allopathic school. They are doing just what we would do if we had the chance. To my mind one of the chief reasons for our decadence, if there is any, is the lack of good prescribing by so many of our own physicians. They give as an excuse for their poor prescribing that the people demand more medicine and if they do not supply this demand they will go somewhere else. How can a physician appeal to the intelligence of a community on the value and superiority of homeopathy when he prescribes his medicines in jugs and loads them up with all kinds of proprietary nostrums that would make an Allopath green with envy?

I have had quite a little experience with Allopathic competition during the past ten years, with five competitors nearly all the time. During this period, while I made slow progress at first, my practice has always shown an increase and I have no cause to grumble. The great mistake so many make is in trying to imitate the Allopaths while they ought to be studying our own Materia

Medica. The Law of Cure will win out when all else will fail. When we visit our patients, we should tell them the value and superiority of our science and, above all, be prepared to demonstrate upon their bodies the truth of our assertion. It does not give our patients much inspiration to tell them that we are Homeopaths and when it comes to test the value of our system prescribe proprietary medicines in pint bottles.

A good patron of homeopathy came to me a short time ago from a homeopathic physician saying he would like to get his prescription refilled, handing me a box that had contained an advertised remedy which the doctor had prescribed. He got however Nux Vom., the indicated remedy, which finally cured him of his trouble.

Too much Commercialism enters into our work, and the question comes "does it pay?" The practice of good homeopathy always pays and one only needs to try it to prove the truth of the assertion. I would a great deal rather go over to the Allopaths, soul and body, than to be a weak-kneed Homeopath. We need not try to lay the blame on our teachers for we can get good homeopathy from any of them. The trouble is with ourselves. If we will follow the Law of Cure, form a strong organization similar to the A. M. A., stop patronizing the proprietary medicine concerns, study homeopathy in the light of advanced science, there will be no more talk about the decadence of homeopathy, and our Allopathic friends will be the ones who will talk decadence.

We must show our faith by our works.

JOHN M. FULTON, M. D.

Audubon, Iowa.

TO THE AMERICAN PHYSICIAN:

In an issue of your magazine you published an article by Dr. Andrews, in which that gentleman expressed an opinion that it is not easy to arrive at definite conclusions concerning the efficacy of Christian Science. Among other things he declares, "Very few persons are competent judges of evidence," adding, "It is well known that even men of scientific training cannot always be trusted to appraise human testimony at its true value."

All this is true enough, and yet, we may at least have such testimony as that of the young man, who could not give any further information in answer to a query than to say, "Whereas I was blind, now I see." The man who has suffered for years with a chronic sore throat, or with a pain in his chest, or with a running sore on his limb, certainly is capable of judging the fact, when under Christian Science treatment, it disappears, whether or not he is able to diagnose the case "scientifically."

Your article refers to the prejudice of interested parties in making these reports. We grant

you that Christian Scientists may sometimes yield to a temptation to exaggerate in the effort to make a wide distinction between the "before taking" and "after taking." But on the other hand there is abundant evidence to show that critics, who are prejudiced against Christian Science, have also failed to comprehend the facts, or have misrepresented them, concerning certain cases. For example, a lady had been treated for a number of years by a physician who had diagnosed the case as tuberculosis. She finally turned to Christian Science as a last resort and was healed. Then the physician insisted that he was "wrong in his diagnosis, that the woman did not have tuberculosis, for if she had had tuberculosis she could not have been healed in that manner." He said, "The mere fact that she was healed was positive evidence that she could not have had tuberculosis."

Will you kindly inform us how it is possible to arrive at any definite conclusions under such circumstances?

Personally I have long ago despaired of convincing sceptics, either by the recitation of Christian Science healings or by scientific diagnosis or investigations. I have learned by experience that investigations, like Scriptural translations, are very apt to be "doctrinal," that is, made for the purpose of ending in certain reports and proving certain points. None are so blind as those who will not see.

If I were to speak from my own experience I would be obliged to express my opinion that the physicians who diagnosed my case in the past were all wrong, that I never had the afflictions which they said I had, and yet it is true that I never knew what it was to be well until I became a Christian Scientist. I think you are right in your estimation of the difficulty which one encounters in the effort to determine precisely what has happened in a given case, but we can judge somewhat accurately as to the aggregation of benefits which are accruing to mankind through the benign influence of Christian Science. It cannot be denied that thousands are well and alive to-day, who would probably have been in their graves but for the timely rescue of this Science.

Yours truly,

ALFRED FARLOW.

The New Age.

When navies are forgotten
And fleets are useless things,
When the dove shall warm her bosom
Beneath the eagle's wings,—

When memory of battles
At last is strange and old,
When nations have one banner
And creeds have found one fold,—

When the Hand that sprinkles midnight
With its powdered drift of suns
Has hushed this tiny tumult
Of sects and swords and guns,—

Then hate's last note of discord
In all God's worlds shall cease,
In the conquest which is service,
In the victory which is peace!
—*Frederick Lawrence Knowles.*

Globules.

—Mathews of the Moderns, and half-a-dozen or more of the Ancients, inculcate and recommend that we chew our meat food repeatedly and yet more repeatedly—thirty times, we believe for each morsel, while Wiley, the funny man and Government Chemist, advises everybody to bolt his meat, chewing only the graminivorous parts, because all meat-eating animals bolt their food. This latter is good news for the toothless aged and for those unable to chew a great deal with their artificials. And so wags the world with its many wags.

—Owing to the overcrowded condition of our columns a number of births and deaths are unavoidably postponed this week.—*Leesville (Mo.) Light.*

—The following resolutions seem to point a lesson for some one. They were adopted by the Senate of Seniors at their regular meeting in Jamestown Exposition meeting:

WHEREAS it has come to the notice and knowledge of the Senate of Seniors that certain members of the American Institute of Homeopathy have used their connection with that body to promote commercial organizations or personal objects, some connected directly and some indirectly with the practice of their profession, therefore be it

Resolved, That the Senate of Seniors hereby reaffirms its adherence to and its belief in all parts of the Code of Ethics already adopted by the Institute condemnatory of these practices and acts, and hereby gives notice that it has notified all who have been reported to it as being given to practices contrary to that Code of Ethics, and has also given notice that if any similar reports shall come to it at its next annual session, it will report such members by name to the Institute, with such recommendations as may be necessary to relieve that organization of any responsibility for the acts of said members.

—"Where was he struck by the automobile?" asked the coroner. "At the junction of the dorsal and cervical vertebræ," answered the surgeon. "Will you please point that out on the map?"

asked the coroner, indicating one that hung on the wall.

—We chortle with unholy glee when we find that the stately and always correct *North American Journal of Homeopathy* has had to mess on humble pie and salt crow because of some really artistic proofreading in one of its most recent issues. We of the common herd of journals, like the *New England Medical Gazette*, the *Hahnemannian Monthly*, the *Clinique* and *Critique* and our highly respected self, expect about once in so often if not more often to have to apologize for some fool statement produced by the sometimes seeming malicious misreading of copy and later of proof; but for the great North American Thunderer—well, that must hurt. Evidently the linotype mechanic had still not recovered from his former strabismic attack, notwithstanding and all that, for even the August number containing the afore-alluded-to apology, has one further instance of professional and expert proofreading under the sub-title "*Chicago News*." And as we now recall it there was another paragraph in the June issue that sat with ill grace on the former genial reputation of the always genial 'Gene. We believe that all this seeming ill grace is but seeming; and that if the real-for-sure editor could once more tear himself loose from his other, and, possibly, more interesting duties, and return to his first love, the said editor would not need to engage in the Errata business. Sir?

—The I. H. A. folks did two very wise things in their recently concluded meetings—among many others doubtlessly—namely in electing R. F. Rabe, President, and H. H. Baker, Secretary. Both these men are young, enthusiastic, homeopathic, and bald—that is one of them is, and the other is red-headed. But they are workers for fair. Both occupied fine leading positions in the Institute this year, and in the coming meeting at Oklahoma they again occupy the spot-light spot on the Institute stage. Give you good den, gentlemen!

—Again we plead with the only editor of the N. A. Thunderer of Homeopathy to come back and re-establish his own. Why should his able and leading journal copy after the *Medical Advance* (with our apologies to the only Allen), producing reprints of papers years and years old, good and truly homeopathic, but yet *not* news. Next thing we-uns will know the putative editor will run in regular segments of the *Organon* in separately numbered pages each issue. Why for? To prove that we are still homeopathic in the appendix (of our journal), even if sanitary, hygienic and electro-therapeutic, and of course homeopathic also, in the general contents. Please, oh, please come back. We have missed you.

—Hahnemann Hall is a new Sanitarium at Atlantic City, N. J., officered and owned by the A. W. Baily Company: W. T. Wheeler, President; A. W. Baily, M. D., Vice-President, and Manager; F. W. S. Patschke, Secretary; and J. T. Beckwith, M. D., Treasurer. Drs. Baily and Beckwith were busy bees at the Jamestown Exposition meeting of the Institute, as they were the year before that at Atlantic City. They are well and favorably known, and we but echo the wishes of their other friends in wishing them success in their new venture.

—Dr. Chas. E. Fisher, Chief Surgeon for Mac Arthur Brothers Co., and Superintendent of Valley View hospital, Radford, Va., sailed for Europe the 24th of August for a two-months' trip. He goes for rest and recuperation, Dr. Fisher's health being seriously impaired by the great strain incident to building and equipping the new hospital on the company's North Carolina works, and at the same time overseeing the Virginia line and hospital. He will be accompanied by a trained nurse, and Miss Anna Hassenzahl, matron of the Mountain View Hospital at Altapass, has been selected for the pleasant task. Dr. Fisher's daughter, Miss Mabel Fisher, of Indianapolis, will join him in New York for the trip abroad, and the party will join in London, Mr. A. F. MacArthur, vice-president and general manager of the company.

—Having recovered from his recent illness Dr. John L. Moffat announces his resumption of practice at his city address, 1136 Dean St., Brooklyn.

—*Compiègne* is the single-word title of a handsomely edited souvenir brochure describing and depicting a visit of Dr. H. F. Biggar's in 1906, in company with Mr. and Mrs. Jno. D. Rockefeller, to Compiègne, to visit Mr. Rockefeller's invalid daughter living at the latter place, or near there, in France. The half-tone engravings, which are used with lavish hand, embellish the terse and graphically written descriptive matter, and help to set out clearly and prettily both themselves, and the artistic letterpress. Dr. Biggar writes a very interesting article. His references to Mr. and Mrs. Rockefeller are most felicitous and apropos.

—J. B. Gregg Custis, we suppose it will now become necessary to add Sr. to that famous cognomen to distinguish him from his rapidly oncoming competitive son—this "elderly" gentleman is fishing somewhere in New York State, and will be able to say, upon his return to Washington and ordinary sanity, how many of the biggest fish got away. W. A. Dewey is trying to make us believe that he, too, is fishing; but whoever heard of anybody fishing in Vermont—which is composed, according to our early geographical memory, of nothing but layer upon

layer of fuzzy mountains, looking like a continuous procession of caterpillars. Still he insists, does this Lone Fisherman Dewey, that he is trollying for fish, and resents being interrupted and disturbed in his pisscattorial pasttime by any call to prayers from the muezzin who occupies the Institute secretarial chair. We are green with envy of this twain; who, for a time, have cast off all responsibilities and cares, and moral sense, and may indulge in fish stories, the demands of Truth notwithstanding.

—"Yes," said Miss Backbay, "Emerson appeals to us women of Boston; although he has passed beyond, we always keep him in our hearts, you know."

"You don't say," replied Miss Gotham. "I wonder how it feels to be kept in cold storage like that after death."

—It is going to cost nearly \$600 to send out the reprints ordered by the Institute at Jintown Exposé.

—Dr. A. M. Duffield of Citronelle, Ala., says that "Calc. fluor. 6x is very efficient in the inflamed small joints of fingers in persons of tuberculous diathesis. That Mag. phos. 3x relieves colic in horses even after they are down. It cured my horse night before last; in two hours after she got down she was up eating again. She was very sick for an hour and a half."

—Don't it always make you feel comfortable when you see that intelligent darky in the advertising pages of the magazines who is serving out Cream of Wheat?

—Sometime since you-uns probably all noticed the flaring and glaring advertisement in most of the medical journals offering to sell and send twelve bottles of whiskey for the price ordinarily of about one bottle and a half. Many, many doctors bit. The bottles, when they came, were bottles, to be sure, but were of a size to hold about one small glass of whiskey, and the twelve all told, together with the bottles and the expressage, cost just a leetle more than if the Doctor had sent the usual price to the usual nearby drug store. No, we don't use whiskey. When we were at the Inside Inn the first evening and perhaps, also the second, the wine mentioned in the hotel advertisement as going with the steen dollar and a half rate per day per room per person, appeared on the table in the usual vin ordinaire bottle of Paris. But afterwards you asked for your wine if you wanted any, and you signed a ticket showing that you had had wine; but the bottle that was brought you then we are sure held as much as one wine glass full. Thrift, thrift, Horatio.

—The double O. & L. people at their meeting in Norfolk, Va., agreed to leave the next place of

meeting for their society in the hands of their Executive Committee.

—In additon to our editorial suggestion that all money motions be taken off the floor and submitted to a proper Committee, Dr. Betts suggests that the same course be taken with the next meeting place of the Institute,—and not to leave that to the silver-tongued Demosthenes a day or two before the Institute adjourns, and when a goodly portion has already gone home. When it was formerly proposed to take the nomination of officers off the floor, there were those who rebelled and alleged that their liberties and rights were invaded by so highhanded a procedure. Yet it has done very well so far, and we have heard no complaint. Now let us take the money motions and the next place of meeting also off the floor. This seems reasonable.

—A certain young man of great gumption,
'Mongst cannibals had the presumption,
To go—but alack!
He never came back—
They say 'twas a case of consumption.
—Yale Record.

—The plural of serum, as we learned at Jintown is sera. You will take due notice and govern yourself accordingly.

—Examine the urine of the following even though in apparent health, for albumin and casts:

1. Those who have had an acute infectious disease recently.
2. Young women about to be married, if no history of urine examination since childhood.
3. Middle-aged men who rise at night to urinate.

Absence of albumin and casts does not necessarily exclude movable kidney, hydronephrosis, chronic interstitial nephritis. In chronic interstitial nephritis albumin and casts will be found by careful and repeated testing, even if absent at times. In chronic interstitial nephritis albumin without casts may occur, and in arterio-sclerosis casts without albumin.—*Clifford Mitchell, M. D.*

—We note with sorrow the death of Alonzo N. Sawyer at the home of his distinguished son. Dr. C. E. Sawyer of Marion, O. Mr. Sawyer had, however, reached the scriptural age; and when the Grim Messenger comes to these veterans, the loss seems less hard to bear. He had been a very active man, a soldier who responded to Lincoln's first call for volunteers. He was a prominent mason, which order had charge of the last rites.

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The American Physician

NOVEMBER, 1907

FRANK KRAFT, M. D., EDITOR. CLEVELAND, OHIO.

OUR esteemed contemporary, the *Hahnemannian Monthly*, judging from a short editorial in a recent number, has had trouble with "detail" men; in this instance referring to the making of telephonic appointments by such "detail" men—without, however, disclosing their identity—and thus perpetrating a fraud on the busy doctor, when they appear at the appointed hour with the usual arm and bagful of samples.

* * *

IN Cleveland we have not of late been troubled in this way—at least, not out our parish way; though formerly some very bright schemes were concocted and played upon the Doctor, so as to get into his office. One of these was to hand the office girl a copper-plate visiting card, "Dr. John Cheek, New York," which, of course, was at once carried within the sanctum sanctorum, with the return answer, to have Dr. Cheek wait until the patient in hand or in chair was dismissed.

* * *

DR. CHEEK proved to be an unsuccessful physician, or an ailing one, who had taken to the road to mend his health and, incidentally, also, his fortune, etc., etc., and was now a "detail" man.

* * *

WHAT Dr. Cheek expected to gain by this form of fraudulent entry into a busy physician's office, passes ordinary comprehension. Any physician would certainly resent such outrageous conduct, would refuse to see the impostor, and also refuse to patronize a firm which would countenance such despicable conduct. We, in Cleveland, have been most fortunate in regard to "detail" men. Mellin's Food, Antiphlogistine, and several others who have made the rounds during the past summer, have invariably, through their agents, conducted themselves in a mannerly fashion, unobtrusively, and found a welcome. These several gentlemen, have dropped that old-fashioned spiel of rehearsing, like a gasoline-torch orator, the chemical virtues of

their several compounds with a glibness produced by long practice; they get down to business at once; and when they are finished, they pull the chain.

* * *

THERE has been a big change in the *modus operandi* of the "detail" men in the last twenty years: they are a necessity in the profession; and when they come to us like gentlemen, dealing with gentlemen who are busy, they are welcome.

* * *

THE *Medical Advance* for some occult reason, and, therefore, not apparent, has used up several pages of good white paper and printers' ink in its recent issue to exploit the wonderful doings and degeneracy of Mrs. Eddy. This is the more astonishing, since the putative editor has always been a conservative editor, one who believed in living and letting live. What the *Advance* expects to gain by advertising Mrs. Eddy is, as we intimated at the beginning, not clear. Is this to be followed by reprint, like its *Two Decades in Medicine*, and other *homeopathic* papers? Homeopaths, who have only recently, certainly within the memory of the astute editor of the *Advance*, recovered from the several generations of abuse, ridicule, and persecution,—Homeopaths ought to be a little chary of engaging in this doubtful pastime. But it does seem as though mankind never learned its lesson so thoroughly in one generation as to remember it in the next. The Pilgrim Fathers forsook the inhospitable shores of their mother country because of persecution for religion's sake, and they had no more than fairly got their cold feet firmly planted on the new shore, before they, too, engaged in persecuting others for religion's sake. Then, again, some irreverent ribald of the low potency order, might insist that the millionth of any remedy, has nothing but a decidedly thin and tenuous metaphysical base upon which to rest its claim.

*Professional Reminiscences.**

BY H. F. BIGGAR, M. D., CLEVELAND, OHIO.

In the faculty of the Western Homeopathic College, in the middle and last half of the '60's, were Professors A. O. Blair, J. C. Sanders, S. R. Beckwith, T. P. Wilson, John Betely, Geo. Turrill, Humiston, and the Hon. Geo. Willey. Dr. Eddy was demonstrator of anatomy. The sessions were four months in length and two sessions in attendance required. The second year course was the same as the first.

To matriculate the requirements were to sign the register, pay the fee in cash or by note, and present a certificate of good moral character from his preceptor; no examination of scholastic attainments was required. The yearly attendance was about sixty, and the college building was on Ohio Street, opposite the hay market, not in the most aristocratic, nor yet the most moral, part of the city.

Professor A. O. Blair lectured on theory and practice, and his lectures were practical and good. All listened to the old doctor with reverence and respect, though occasionally he would wear a red flannel shirt with a black-silk square neckerchief. He was so devoted to Apis that he was called "Old Apis," and was often heard to declare that if he had only one remedy to practice with it would be Apis. He was exceptionally kind to his students, and used to invite them to his famous pea-soup dinners, which Mrs. Blair served most deliciously.

Professor J. C. Sanders was the obstetrician; his lectures were always able and scholarly. He was refined in manner and most gentlemanly in his bearing. With his cape tippet overcoat, long hair and flowing beard and moustache, and withal his classical features, he reminded one of Longfellow's profile in the Evangeline edition. He was very fond of poetry and often recited beautiful and apropos selections to the students.

Professor S. R. Beckwith was the surgeon. He was surgeon for all the railways entering the city, and was acclaimed most skilful in his work. He successfully amputated the arm removing the entire scapula, which was then considered a very great feat. He was among the first to remove ovarian tumors. He was possessed of a great deal of magnetism and inspired confidence in his patients by his presence and cheerful words.

Professor T. P. Wilson lectured on physiology, and most delightfully interesting were his deliveries. He was a general favorite with the students, well-read and an orator of no mean ability.

Professor John Betely lectured on materia medica. He was in delicate health from tuberculosis of the lungs and sat down during the last session while lecturing. The disease proved fatal. His lectures were practical and his indications for our remedies were then, as now, reliable and to be depended upon. He gave a peculiar combination-powder composed of podophyllin, leptandrin, and cornine 2x for "biliousness," which in his time was in high favor, and may yet be in use among some of the older physicians.

His successor was Professor G. W. Barnes, a thorough homeopath and an exceedingly affable, scholarly, and courtly gentleman.

Professor Geo. Turrill, father of Dr. Geo. E. Turrill, was the anatomist. Professor Turrill was an unusually popular teacher of anatomy. His lectures were attractively composed, finely delivered, and well attended not only by the students and physicians, but also by many of the laity.

Professor H. C. Allen, now of Chicago, was the successor of Professor Turrill, and approved himself a capable and instructive teacher.

Professor Humiston of "The Humiston Institute" gave the lectures on chemistry, which were up to that date and most interesting and entertaining.

Professor Willey gave the medical jurisprudence lectures. He was a dignified and able lawyer, and one of the most profound and eminent jurists of our city and State.

Professors Blair and Sanders were converted allopaths.

Upon my graduation I was tendered the Professorship of Surgery, but declined for various reasons; but at the time of Dr. Schneider's entrance into the faculty, I was adjunct Professor of Surgery and Professor of Anatomy, having accepted these responsible positions at the instance and request of my preceptor, Dr. S. R. Beckwith.

This was the roster of the faculty. They all had the fullest confidence in Homeopathy and practised in that belief. They paved the way, and made the work easy for those who are now enjoying the blessings of their labors.

When Dr. Nathaniel Schneider was admitted to the faculty, which was some two years after

* Presented to the Cleveland Homeopathic Society, September 18, 1907.

myself, it was by a unanimous vote; he proved a valuable addition, both in respect of his ability and his genial influence. At that time a good rule of the faculty prevailed that no new member could be elected unless it was by unanimous vote, and as a result harmony prevailed. This continued for several years; eventually when this splendid rule was ignored the pleasant and harmonious faculty associations were disturbed, discord entered and has existed ever since.

Among the homeopathic doctors of the city in the later half of the '60's were, besides those already named, Dr. C. B. Cynax, Dr. S. A. Boynton, Dr. E. Fowler, Dr. D. H. Beckwith, Drs. John and Alex. Wheeler, father and son; Dr. Turrill, grandfather, and Dr. George Turrill, father, of our Dr. Geo. E. Turrill; Dr. L. W. Sapp, and others, making in all about twenty-five homeopathic physicians.

In those days the silver door-bells of our citizens were rung by the homeopaths.

Old Dr. Wheeler, a former President of the College, was a most courtly and venerable gentleman. His office was on the Square and during his morning hours he tied his horse on the curb; he always gave him an apple before starting off.

Dr. Turrill, father of the great anatomist, was skilled as an obstetrician; he had the obstetric hand and was frequently in professional demand in adjoining States.

Dr. D. H. Beckwith, a convert from the Eclectic system, had recently moved from Zanesville, formed a partnership with his brother, Dr. S. R. Beckwith, and soon became a popular and successful physician.

To Dr. Schneider are we largely indebted for the present Huron Street Hospital, which when built was considered to be up-to-date.

In those days the surgical patients were operated upon at the physician's office and then taken to their homes; or they were operated at their homes. When able to return to the physician's office all dressings were done there, as there were no hospital accommodations.

And in those days the surgeons generally held the catlin, even if reeking with blood, between their teeth—an evidence, perhaps, to the gallery, of great intrepidity and skill. And a wound filled with pus was encouraged and regarded as favorable to the recovery of the patient.

In the early '60's "The Humiston Institute" on the Heights was purchased by the faculty for

a college and hospital. The college name was then changed from the Western Homeopathic College to the Cleveland Homeopathic Hospital College.

In the latter part of the '60's the College opened its doors to women, who were admitted by a majority of one vote; and each of those voting always claimed that his was the vote that did it.

There was no dispensary at the college until 1866. During the session of '64-5 and '65-6 only three surgical operations were done: amputation of the breast; felon; and amputation of the thumb. There was no chair of clinical surgery, and the speculum was unknown.

In these earlier times procuring bodies for dissection was by stealth, and some very amusing incidents, as well as some hair-breadth escapes were noted.

The duties of the students to preceptors consisted of cleaning and caring for the horse, sweeping out the office, scrubbing the same when necessary, washing the windows, keeping the books, collecting the accounts—all for the board and washing, with privilege to sleep in the office, the use of the medical books, and profiting by the clinical experience of office patients.

After paying the college expenses the balance was pro-rated among the professors, some lecturers receiving from \$5 to \$8 per lecture.

In 1866 the Hahnemann Society was organized, and in 1867 the Cuyahoga Medical Society was inaugurated.

If I am not mistaken in the date, it was in 1867, when the State Society met in Cleveland, that a resolution was passed recommending a graded course in our Medical Schools; and perhaps it was the inauguration of the graded course in all medical schools.

In this time the surgeon was also a physician. The specialist was an evolution from general practice and was the better specialist for having been a general medical practitioner.

The A. C. E. mixture was the favorite general anesthetic.

A most interesting debate took place before the students between Drs. Sanders and Wilson as to whether chloroform should be used in obstetric practice, Dr. Wilson being for the affirmative.

There were only four operating surgeons of the homeopathic school at this time in the United States: Dr. Franklin, at Ann Arbor; Dr. Gaylord D. Beebe, of Chicago; Dr. Helmuth, at St. Louis; and Dr. S. R. Beckwith, of our city.

Professor S. R. Beckwith was the Father of Surgery in Ohio, and his mantle fell on Dr. Schneider as the logical successor.

It will not be taken amiss to speak more pointedly of Dr. Schneider for the eminence he attained in his profession. He was born in Canada and worked at the "last." He entered Baldwin College at Berea and while there "worked his way" by mending the students' shoes. Coming to Cleveland he entered the office of Professor S. R. Beckwith and earned his way by caring for the Doctor's horses. In 1868 he became Professor of Surgery, Professor Beckwith having resigned. Dr. Schneider was a most painstaking and close student, carefully studying his cases, and thus he became not only an eminent physician but as well a skillful surgeon. He was a railway surgeon for many years, being held in great respect by the railway men for his careful attention to their injuries and because of his sympathetic and pleasant ways. He had a large and fashionable clientele. Perhaps no homeopathic physician in Cleveland ever was more popular and more endeared to his patients than was Dr. Schneider. His marriage with a lady of one of our most influential and aristocratic families, was doubtless of great assistance in giving him entrée into the most fashionable circles.

♦ ♦

Common Sense Therapeutics.

ELDRIDGE C. PRICE, M. D., BALTIMORE, MD.

Much has been written about the curing of disease conditions by the homeopathic method, and much has also been written about the curing of disease conditions by other than homeopathic methods. While there are quite a large number of physicians in the civilized world who practice medicine as nearly in accordance with the prescribed method of Hahnemann as possible, and undoubtedly do secure curative results; yet there is a much larger class of medical practitioners in the civilized world who prescribe for patients upon methods not suggested by Hahnemann, and who undoubtedly do produce curative results.

From these fundamental facts we may draw several conclusions: first, cures may result from more methods of therapeutics than one, or cures result in some instances independent of any therapeutic method, regardless of what that method may be.

It, therefore, becomes a critical student of the practice of medicine to enter into a careful consideration of the situation. If cures may result from the application of more therapeutic methods than one, then why should medical practitioners range themselves as advocates distinctively of any one particular method of healing? And again, if cures result independently of the therapeutic method applied, why should there be distinctive schools of medicine? The wish is often father to the thought in all fields of work, and the field of therapeutics is no exception.

The foregoing may be used as a preamble to an extended and exhaustive disquisition on therapeutic philosophy, but it is not my purpose at this juncture to do more than call attention to some of the facts with which the subject bristles.

The text-books and current literature of all schools of medicine are full to repletion with the many cures which have resulted from the ministrations of the advocates of therapeutic methods of all kinds, and frequently we are forced to the conclusion—as above hinted—that, as a matter of fact, all people do not die under any one given method of treatment, neither do they all recover under any one given method of treatment, but that under all methods some recover and some die.

A mistake which is not infrequently made by the ardent advocates of Hahnemann's views, is the tacit assumption that the practice of the dominant school of medicine of the present day is as it was when Hahnemann first instituted his great reform. As a matter of fact, however, this is not the case, and, therefore, if we wish to take existing facts into consideration homeopathy must be recognized in relation to an environment which, though possibly still inimical, is by no means as violently antagonistic as was the environment at the time of the birth of this new therapeutic formula.

With many men who in the past made a mark as ardent believers in homeopathy (and some of whom still continue to be factors with whom we must reckon in this day of modern relationship of the medical profession to arts and sciences), the psychological situation does not seem to appeal. Instead of having considered the question of objective and of subjective influences, these men seem utterly ignorant of some facts that are almost obtrusively obvious to the merest

tyro in practical psychology. One constantly finds these men referring to cures of cases as having resulted from some agent with which no other man has ever secured such results—though experiments may have been made by many individuals—and the idea never once seems to occur to these deponents that the results may have been due not to the drug but to the psychological factor in the case, to the suggestion offered the patient by the physician's manner and expression of credulous expectancy.

It is a well-known fact that probably seven-tenths of all disease conditions eventuate in recovery without treatment of any kind, and that it is the remaining three-tenths which tax the ingenuity of the physician. Of these three-tenths a certain percentage is incurable, and a certain percentage is curable. As already stated, the ardent advocate of homeopathy is fully convinced in his own mind that these curable cases are curable only under the application of the principle of similars. It is not here intended to unqualifiedly advocate this view of the case, but for the purpose of formulating a system of instruction all medical colleges should teach students to adhere as closely as possible to this view. It next becomes necessary to decide what shall be done with those cases which have been classed as incurable.

We have, then, two classes of serious cases which engross the attention of the physician: first, the curable cases, which unless properly treated may become incurable; and second, the cases that are recognized by all schools of practice as incurable cases.

It is about the curable cases only that we hear so much talk at our conventions of homeopathic physicians; and where the meeting is under control of the less liberally educated in psychology we hear only of the cures of the curable cases. Nor do we hear anything of the failures to cure those cases generally classed among the curable cases, but we rarely or never hear the incurable even mentioned.

The physician, therefore, having to deal with both these classes of diseases, must have at his command agents which may be applied to both. In the one instance he has homeopathy from which to draw his agents, but from the advocate of exclusive homeopathy he receives no suggestion as to how the second class of cases may be treated.

Such an unphilosophical state of mind is not

in harmony with the spirit of the times, and is of no more help to the novitiate student of medicine than is the mental attitude of the leading school which teaches that drugs are of minor importance, that diagnosis is of major importance, and that surgery is the *ne plus ultra* of the medical graduate.

Such, briefly, is the attitude of the mind that has been trained to think and work independently of logic, philosophy, and psychology. In the blended light of this same trio the attitude of the graduate of medicine fits harmoniously into the environment of all other modern arts and sciences; homeopathy becomes a method which is applicable only in the great field of curable diseases; and antipathy and allopathy and mechanical measures find their scope of action in the field of the incurable. And further, these minds of "scientific mold" recognize the possibility that though homeopathy may cause a larger percentage of cures of curable diseases than any other known method, yet they do not deny that the vitality of the human organism may be aroused to a curative effort even by other means than homeopathy.

This, then, is the philosophy of therapeutic charity that should be taught in all our schools, that should be enjoined upon all our students so that when they go out into the world of action they will have been trained into a mental attitude that recognizes the difference between possibilities and probabilities, that places homeopathy within its legitimate sphere of action, that recognizes the necessity of knowing how to relieve the incurable as well as how to cure the curable, and that grants the possibility that other men, who have not been so taught may have "observingly distilled out" some grain of good even from the mass of ill that may have been taught them.

Animated by such a philosophy the students instructed in such institutions will go out into the world with their education based upon facts, logic, and charity.

—Dr. A. B. Norton and wife have returned from their annual outing much refreshed by their tent (but not colony) life in and about Yellowstone Park. The profession is always glad to hear from Norton; and some day, when the spirits move sufficiently, he will perpetrate a book, containing all his many and wonderful journeys about the earth's surface. And when he does, we expect to receive a *de luxe* copy.

Hyoscyamus.

BY M. E. DOUGLASS, M. D., BALTIMORE, MD.

The alkaloid is hyoscyamine sulphate or hyoscyamia in which resides the principal activity of the drug, given in doses of one-eightieth of a grain.

Physiological Action.—Henbane is a narcotic and causes deranged vision, headache, giddiness, dilated pupils, dry throat, hoarseness, weakness of the lower limbs, spasms, cramps, paralysis, loss of speech, or loquacious delirium with hallucinations, followed by a dreamy sleep, according to the amount taken. A continuous use of the medicine causes an eruption of the skin, of a red color, which is dry and itching. In some cases large doses cause furious delirium.

While power to temporarily increase nerve force—mild stimulant properties—is ascribed to hyos., that influence is much less marked than in bellad. and stram., although its general effects are in many ways similar to these agents in medicinal doses. It is almost entirely devoid of irritant properties, but is soothing, calmative, and sedative to a marked degree.

Symptomatology and Therapeutics.—It is specific in excitable mental conditions, and in the violent and noisy delirium of fevers and acute inflammations, to subdue the excitement and to induce sleep.

In all conditions where there are busy delirium, hallucinations, weight in the front part of the brain, extreme activity of the mind, disturbed sleep with wild and frightful dreams, coma vigil, flushed face, wild, red, and restless eyes, it is a sure remedy. In the restlessness, ceaseless agitation and insomnia of exhaustion, and in diseases of infants and of the extreme aged and feeble, it is especially applicable.

As a *hypnotic* for infants and the aged there is no happier agent than hyoscyamus, in small doses. From five to ten drops of the fluid extract should be dropped into half a glassful of water, and a teaspoonful may be given every fifteen minutes, for two hours before the usual bedtime or until the patient sleeps. The sleep is quiet, restful, natural, and not too sound. The patient awakens refreshed. It is indicated also in patients enfeebled from prolonged illness.

Breasts painfully distended with milk are quickly relieved by a plaster of hyoscyamus, like that of belladonna, being laid upon them.

The good effects of smoking the seeds after the manner of tobacco, in the treatment of toothache, resemble those of smoking seeds, and are well known, both in professional and in domestic practice. The remedy is one, however, which must be resorted to with caution; since the smoking of these seeds has been followed, in certain cases, by convulsions and temporary insanity.

General Symptoms.—Fell suddenly; with cries and convulsions; fell down unconscious, the whole body cold and stiff. Twitchings; frequent, with violent delirium, during the remissions catching at flocks in the air or pulling at bed-clothes. Convulsions; flex the limbs, and the bent body is tossed high. General rigidity as in tetanus. Restlessness, excessive animation and hurry. Sensibility blunted.

Hyoscyamus, then, would be indicated in the following conditions:

Chorea, with clutching motions of the hands and numerous incoherent muscular movements. Epileptiform convulsions, especially in children or after labor. Convulsions from fright, in children. Tetanus, Hydrophobia. Paralysis agitans. During severe malaria, congestive chills.

Mind.—*Carphologia*, *ravings*, *delirium*, and *restlessness*; *would not stay in bed* (bell.); *with ludicrous actions like monkeys*; *ridiculous gestures*; *ridiculous grimaces like one intoxicated*; *violent and beats people*; bit, scratched, and nipped everyone who interfered with them; violent exertions to get out of bed, attempts to bite, rage. Quick working and clutching of hands and striking his attendants, it was difficult to hold him on their laps. Wants to fight, closes his hands and strikes at his attendants, attempts to bite, at intervals sings and at times laughs, when anything is offered him he clinches hold of it with both hands greedily. Lively delirium. *Foolish laughter* (carm. ind.). Sings love songs and street ballads; sings constantly, talks hastily and incoherently and indistinctly. *Talking more than usual and more animatedly and hurriedly*; absurd talk; irrational, as if a man were present who was not; incessant chattering without meaning. Muttering to himself. Sat in the corner of the room, muttered to herself, rocked her body to and fro, now catching at the air, now pulling the bed-clothes about. Reproaches others and complains of a supposed injury to himself. Quarrelsome. Dread of drinks. Quiet, reflective. When reading he mixes up improper words and sentences. Stupefaction.

Unconsciousness.—Hence we may employ hyoscyamus in *delirium* occurring in course of acute diseases, characterized by restlessness, is constantly busy with his hands, picking, working, and clutching, and is constantly muttering or talking to himself, or is frightened; in a general way, loquacious delirium indicates the drug. Erotic delirium, refuses to be covered and talks in an obscene manner. Violent delirium, with tendency to bite, scratch, or to escape (bell.). Stupid, seems to be completely unconscious, but is picking at the clothes or catching at the air. Mania, with suspicions of his friends. Puerperal mania, with desire to be uncovered and with obscenity. With the delirium of this drug there are apt to be dry, cracked tongue, indistinct speech, involuntary evacuations and convulsive movements of the muscles generally. Acute mania, suspicious of having been poisoned or of being pursued. Delirium tremens, in which the patient is very suspicious of his friends and very loquacious.

Eyes.—Distorted, squinting, staring, red; and wild, sparkling, brilliant; and rolling about. *Pupils dilated*; and insensible; and albuginea red. Conjunctiva injected. Vision dim; and short. *Small objects seem very large* (nux mos.). The flame of one light seemed smaller, that of another larger, though they were of the same size. In

Spasms of the ocular muscles, eyes distorted or rolling. Illusions of visions, objects seem large, or double, or indistinct.

Nose.—Jerking downward in root. Pinching in root. Dryness. Smell and taste lost.

Face.—Red; and distended; and excited. Pale. Distorted. Trismus.

Mouth.—Grinding of teeth, with protrusion of tongue, which was shaken to and fro with trembling movement. Tongue; dry; paralyzed. Speech confused; impaired; difficult and irrational. Dryness of mouth; and of lips and fauces. Offensive odor.

Throat.—Spasm. *Constriction* (bell.); impairing swallowing. Swallowing difficult; impossible.

Stomach.—Great appetite; at noon. Will not eat nor drink. Thirst. *Frequent hicough*. Nausea; vomiting.

Abdomen.—Pain; in muscles when sitting, as if he had fallen upon them; strained pain in muscles, in morning after waking. Sensitiveness of walls. Sticking in umbilical region during inspiration. Hypogastric region distended and sensitive. *Cutting low down*.

Stool.—Diarrhea. Involuntary in bed (phos. ac., arn.).

Urinary Organs.—Paralysis of bladder. Urine retained (nux vom.). In

Paralysis of neck of bladder, with involuntary discharge of urine.

Sexual Organs.—Labor-like pains in uterus before menstruation, with drawings in loins. Hyoscyamus is very useful in

Nymphomania, sometimes of the most furious character. Metrorrhagia. Puerperal spasms. Muscular spasms during labor (threatening convulsions). Retention of urine after childbirth, seemingly no power to evacuate the bladder (op.).

Respiratory Organs.—Mucus in larynx and air-passages, making voice rough. *Cough at night; frequent; always waking him; almost incessant cough when lying, worse sitting up* (puls.); *dry cough at night*; dry, hacking cough; dry tickling, hacking, seeming to come from trachea. Indicated:

Speechless from fright. Irritable cough, worse lying down and at night, from elongation of the uvula or from irritable condition of the epiglottis. Irritable cough from eating, drinking, talking, or singing. Whooping cough, aggravated at night on lying down.

Extremities.—Trembling; of hands and feet; Weariness of legs. Toes spasmodically flexed as from cramp, when walking or carrying foot forward and on ascending.

Sleep.—Sleepiness. Deep sleep. *Sleeplessness; on account of exhilaration* (coff.); *long-continued; all night; he tried lying on one side and the other but could not get quiet*; only towards daybreak short naps and general sweat, more about neck. *Starting out of sleep*. Woke himself with a cry. Laughing expression during sleep. In

Sleeplessness, with uneasiness, cannot keep the bed-clothes on, difficult breathing or difficult swallowing. Very useful in the sleeplessness of children, when they twitch, cry out, tremble, and wake in fright.

—American Institute of Homeopathy.—Owing to lack of funds, no action was taken for the establishment of an Institute Journal at the recent annual meeting.—*Ex.*

The above is from an unidentified old school exchange. It is published so our members who were present and also those who were absent may get the news. Yea, indeed, the Lord loveth a cheerful liar!

Collective Investigation Needed.

BY W. C. ABBOTT, M. D., CHICAGO, ILL.

We all have our limitations. The necessity of judging the results reached by any one man, by comparing them with those reached by many other men, grows daily more apparent. Take the conclusions of Wiley and his fellows after testing the action of borax on a number of persons. Some of these received a stated quantity of boric acid—and others an “equivalent dose” of borax. But since these two agents reacted differently on the system, as shown by the different reaction of the urine, how could they be considered as equivalent? The summary of Wiley’s work made by Dr. Shedd, chairman of the Drug Proving Committee of the New York Homeopathic Society, shows boric acid as causing “dull, persistent headache, gastric oppression, burning, intestinal pains, nausea, tendency to diarrhea; pressive continued headache, indescribable feeling as of a difference of pressure between the internal and external portions of the head; tendency to diarrhea with stools thin and extremely yellow; and acid urine. Borax caused fullness of the head, dull headache, tendency to constipation, nausea, anorexia, gastric distress; and alkaline urine.”

There is here sufficient evidence to justify the objection against considering the two identical, as to their action on the human body.

In a paper advocating a new proving of drugs on scientific lines, in *Progress*, Sutherland states that the old provings were made before the last half century’s advances in microscopy, biology, etc., and hence are not up to modern requirements. For instance, but few and only surface indications were taken from the urine, and even such a notable symptom as the presence of sugar is mentioned only once or twice. The provings of cantharis, arsenicum, phosphorus, terebinth, and corrosive sublimate are insignificant as compared with their clinical applications. There seems to be a strong movement on foot for a re-study of drugs on modern lines in the homeopathic schools. As may be expected, there are plenty of the conservative element who look on the work of the past as something sacred, and condemn every attempt at “innovation” as degenerative. But the thinking part of the profession will second Sutherland’s contention that “all that is included in modern urinary analysis should be made a part of every proving.”

We need a re-proving of our materia medica as much as they do. The advances of physiology have been great since the experimental work was done on which our knowledge of drug-action is founded. Then it was sufficient to note the effects on excretions in bulk, and on temperature, circulation, and respiration. Now we want to know as to the action on each element of the gross excretions, and on the internal secretions as well. We need the active co-operation of fifty thousand physicians, to verify the conclusions reached by these investigations. Take the active principles already produced in marketable shape—there are about 200 of them. Divided among our 50,000 clinicians that would allow 250 to investigate and report on each active principle. Let these be scattered all over the land, in all possible conditions of practice, and who can doubt that from them we could obtain a mass of information that when compared, tabulated, and corrected, would form a monumental work?

There should be a central body with one capable man to supervise each remedy, to suggest the probable clinical uses to which it may be put, and to edit the reports. With such an organization we might begin to see drug therapeutics reduced to a permanent form.

Can it be done?

The work of Hahnemann and his immediate followers was done at a time when the influence of suggestion was not appreciated, and the natural course of disease had not been studied. The profession had not yet learned to distinguish between *post hoc* and *propter hoc*. The critical process as applied to medical observation had not been applied. Most important of all, the drugs tested were not modern entities, distinct and uniformly acting agencies, but the old crude drugs with their ever variable composition and action. How could uniform and unvarying effects be possibly obtained from such agents? No discredit to the investigators—the only wonder is how they got so much of good from such tools.

Here’s the problem: If the provings from opium that contains 18 per cent. of morphine are identical with the provings from opium that contains scarcely a trace of morphine, what are such provings worth? Defense of the old work as perfect and not to be improved upon, is nothing more than acknowledging its worthlessness.

Whatever be the therapeutic law in operation, no results that are definite and conclusive can

be based upon agents that are indefinite and variable. The development of the single active principles as therapeutic agents, necessitates a new study of experimental therapeutics based on these agents. Their clinical applications may be inferred, and no more, from those of the parent plant. It does not follow that they will be similar, they surely cannot be identical. Take agencies of scientific precision, study them under modern conditions of scientific accuracy, and apply in clinical work the conclusions reached, criticising the results with impartial, judicial fairness, and we will obtain conclusions over which there can be no squabbling, but which will form a firm basis for the practice of ages to follow.

♦ ♦

Duodenal Ulcer, with Three Cases of Perforation.

BY C. E. TODD, M. D.

I have a very strong impression that duodenal ulcer is not so uncommon as we usually suppose. I think this for a good many reasons. First, because one sees in one's consulting-room a fair number of cases whose symptoms correspond very exactly to those which are elicited from patients who have been operated on for ruptured ulcer. Secondly, it is no uncommon experience to find, during an abdominal section, numerous omental and peritoneal adhesions round about the duodenum; and, thirdly, there are in the pathological museums numerous specimens showing the duodenum studded with cicatrices of old ulcers which must have been breaking down and healing up over a period of years.

The subjects of duodenal ulcer are, I think, almost invariably men. I never remember meeting with a case whose symptoms I thought typical in a woman. The three cases of ruptured ulcer which I shall record were all men, and they were, as is usual I think, in the most active period of life. None of them had suffered any special pain or great discomfort before their ulcers gave way, and this seems to have been the case in most ulcers which have gone on to the point of perforating. Doubtless, duodenal ulcers often go on for years without rupturing, and they cause gradually increasing illness. They begin in the middle period of adult life, and they are extremely difficult, often impossible, to diagnose. The symptoms are pain in the epigastrium, coming on about an hour and a half after meals and

lasting up to the time of the next meal, when it eases off for an hour or two. The subject is generally a thin, active, nervous man, and he is liable to get from some error of diet, very acute attacks of stomach pain, attended with vomiting, localized tenderness below and to the right of his ensiform cartilage, and abdominal distention with constipation. Unless he vomits blood or passes it by the bowel the diagnosis of his condition ranges all the way from a bad bilious attack to renal or biliary colic or appendicitis. If he has hematemesis and melena, the diagnosis can be generally made with tolerable certainty, having regard to the difference in symptoms between gastric and duodenal ulcer. If such a case as this, having chronic pain and occasional acute attacks, is allowed to go on, one of three things happens—either the ulcer ruptures, when the patient if not speedily operated on develops septic peritonitis and quickly dies, or he gets a subphrenic abscess (this depends partly upon the size of the rupture and partly upon the position of the original ulcer.) If the stomach contents escape slowly it is quite possible that limiting adhesions may form, and an abscess result; this is most likely to happen if the rupture is in a part of the duodenum not completely surrounded by peritoneum. If, as is usual, the bowel gives way suddenly shortly after a meal, the hole is generally large enough to let loose a large quantity of food, and acute septic peritonitis is sure to result. Occasionally, more often I think than we generally believe, duodenal ulcers heal completely. I have notes of a good many cases which I diagnosed as ulcers, which after years of suffering are now comparatively well. They are liable to relapse, it is true—after many months or even years. These relapses, I think, come on often amid the best of health and with normal digestion. After some error in diet or other cause the patient will be seized with all the old symptoms pointing to duodenal ulcer, and for weeks or months everything he eats will be followed by the typical pain.

But duodenal ulcer which has existed any length of time, or which has recurred, does not often end in this even limited recovery; more often the cicatrices contract, diminishing the lumen of the bowel; the consequence is that the stomach becomes dilated, adhesions form between the duodenum and the gall-bladder, pancreas, liver, transverse colon, great omentum—thus is brought about a condition of sequelæ

from which recovery is quite impossible, except by a gastro-jejunostomy. The patient wastes from constant pain and vomiting, a tumor appears in the region of the pylorus, and I have no doubt that many people die of these complications and are thought to have malignant disease of the pylorus. This furnishes another argument in favor of an exploratory abdominal section in every case in which the pain in the stomach and obstinate vomiting have resisted medical treatment.

The proportion of cases of duodenal ulcer which perforate has been variously stated by different authors. It must be difficult to gauge. Robson puts it down at 10 per cent.; Collin at 69 per cent. I should think that Robson's estimate was very near the mark. I have seen in the museums a large number of healed duodenal ulcers, but only a small number of perforated. The site of rupture is most frequently the first part of the duodenum, which is in reality a portion of the stomach itself. Collin had 119 cases of perforation in the first part, 8 in the second part, and 4 in the third part.

The three cases that I record were all in the first part, and all of them on the back wall, so that they were difficult to expose; they could only be brought into view by putting the duodenum on the stretch by traction on the pyloric end of the stomach and turning it over to the left. All three ulcers had the same appearance and were about the same size—that of a split pea; they had bevelled, thin margins, and were almost round.

The first example of ruptured duodenal ulcer which came under my notice occurred many years ago, before I knew anything about gastric surgery, and before it was the surgical rule to explore the abdomen in cases of acute abdominal pain and distention unrelieved by medical means. The patient was an active man, aged forty, a coachman. He came home late, left his carriage standing in the yard while he had a hurried tea; after the meal he pushed the trap into the coach-house by applying the pole to his abdomen. Shortly afterwards he felt pain in his stomach and retched; but he groomed his horses. During the night he had agonizing pain in his abdomen, which began to swell. When I saw him early in the morning I thought he had most likely gallstones. He rapidly got peritonitis, and died on the fifth day. At the post-mortem a small perforation was found in the back of the first part of the duodenum; over this a thick piece of

omentum was loosely plastered. This man had suffered only from occasional attacks of rather mild dyspepsia, but I found he had been subject to attacks of what was called dysentery; during which he would pass considerable quantities of black blood from his bowel. He had not been off work, however, for years.

The second case was very much like the first, but it had a different ending. W. S., æt. 30, an abstemious man working in a brewery, was seized some time after a meal while at work with an acute abdominal pain. He was given an emetic, which made him retch, but he brought nothing up. Dr. Hamilton sent him into the hospital with a diagnosis of ruptured gastric or duodenal ulcer. When I saw him he had slight abdominal distention, but his muscles moved with respiration; his abdomen was everywhere tender, but only acutely so below and to the right of his ensiform cartilage, where his right rectus was stiff. His liver dullness was abolished. He was at once submitted to abdominal section six hours after the first onset of his symptoms. On opening the peritoneum there was a gush of air and some straw-colored fluid. Food at once presented in the wound; tracing the stomach to the right, I found food in greater abundance, and pulling up the pylorus and putting the first part of the duodenum on the stretch, I found the small perforated ulcer on its posterior wall. From this food was being extruded in great quantity. I at first tried to bring the edges of the ulcer together, but owing to the tension necessary to keep it in view, and also to the fact that the surrounding duodenum was cicatricial, the silk stitches tore out, so I was obliged to approximate the surface of the bowel with mattress stitches, and sewed a piece of omentum over the whole. The duodenum in its first part was so contracted that it appeared desirable that gastro-jejunostomy should be done; however, as there was much food to be got out, especially in the right kidney pouch, I thought it best to delay this to another occasion. I cleared out as much food as I could with my hand, gently sponging off some particles here and there from the intestines, put a back drain into the right kidney pouch with a gauze wick, which I pulled up from the front as near the rupture as possible, and then closed the anterior wound in layers. The man made an uninterrupted recovery and is now not the least troubled with any digestive symptoms. He is so well that the question of gastro-enteros-

tomy has never been mooted. This man's symptoms were only preceded by occasional attacks of mild dyspepsia.

The third case was a man working as a navvy at the outer harbor. He came to town and drank many pints of beer; during the night he had acute abdominal pain, but he lay all the next day without advice. About the middle of the morning following Dr. Newland saw him and sent him into hospital. I operated about thirty hours after the onset of his acute symptoms. His pulse was then bad and his temperature 100° , and he had great abdominal distention. Air and abundant fluid escaped on opening the peritoneum. I found an open ulcer in the first part of his duodenum, difficult, as the others were, to keep in view. I easily brought the edges together by a continuous stitch, putting in Lembert's interrupted sutures and a piece of omentum over the whole. As this man had abundance of infected fluid in his abdomen, I washed him out with gallons of hot saline solution, finally putting in a drain over his pubes and one in his right kidney pouch; this latter was unnecessary, as nothing came out of it, but the pubic one drained freely. The man was sat up in bed, but died of exhaustion on the fifth day. This case improved so much after the operation that I could not help hoping that he might recover.

These two cases bring very clearly into view the desirability of operating early. Cases operated on less than 12 hours after rupture should show a very low mortality. Robson mentions 155 cases, of which 52 recovered and 103 died—a mortality of 61 per cent.; 61 were operated on within twenty-four hours after rupture, with 38 recoveries and 23 deaths—a mortality of 37.7 per cent.; whereas of 63 cases operated on after twenty-four hours there were 11 recoveries and 52 deaths—a mortality of 82.5 per cent. The remaining 31 cases, time of operation not stated, the mortality was 90.3 per cent.

I expect that as these cases are earlier recognized and earlier submitted to operation the records in the future will be very much more favorable.

—When last heard from our Wandering Bro. Royal S. Copeland, M. D., President of the American Institute of Homeopathy, was in San Francisco, where he had been made guest of honor at one of those old-fashioned banquets so familiar to homeopathic visitors from elsewhere to 'Frisco. Any peach-bolo?

Society Meetings.

The Eastern Ohio Meeting.

The Eastern Ohio Homeopathic Medical Society held its semi-annual session at Barberton, O., Wednesday, October 16, 1907. The meeting was called to order at 10 A.M. by President Whipple, of Barberton, with an attendance of about fifty.

Dr. Wm. Burdock, of Akron, presented a memorial to Dr. H. W. Carter, of Cuyahoga Falls, who had died since the April session. He spoke very interestingly of the early life of Dr. Carter and paid a glowing tribute to the worth of the member whom the Eastern Ohio had lost.

Dr. O. A. Palmer, of Cleveland, spoke in memory of Dr. Jno. Deetrick, of Youngstown, an ex-president of the Eastern Ohio Society, who also had died since the last session.

Drs. Horner, Biggar, and Jones were appointed by the Chair a committee on resolutions.

Dr. O. A. Palmer presented the first paper on the program, "The Medical Side of Dr. R. B. Carter's Case." He said, in brief, as follows: "Dr. Carter was a man in the prime of life, large, well built, who had never known what it was to have a sick day till stricken with his fatal malady. His symptoms were those of a rapid decline, loss of muscular strength, indigestion, diarrhea, rheumatoid pains in the muscles, slight icterus, and some respiratory difficulty. Dr. Carter had always been a man who lived well; denied himself nothing in the way of eatables, and took little exercise. Hyperemia and gross enlargement of the liver, general portal stasis, and myocardial changes, especially involving the right heart, were the gross anatomical changes. General toxemia, due to faulty metabolism, created the myalgias and diarrhea, and eventually caused his death. The treatment of these cases is rest, to take the strain off the heart, careful attention to dietetics, and relief of the portal engorgement."

Discussion.

Dr. Biggar.—The relation between the liver and heart is marked. Where there are heart lesions and liver engorgement look in your treatment to relief of the liver, irrespective of the heart lesion. Calomel, 5 to 10 gr. daily for weeks, is valuable. The old school use in these cases strophanthus, podophyllin, and aloes. Eggs in the diet are to be eliminated absolutely.

Dr. G. J. Jones.—I saw Dr. Carter in consultation and found the condition as described. The heart lesion in these cases is usually the primary one—an obstruction to the venous return. The liver and kidneys are sure to suffer. It is useless to treat these patients unless they go to bed. I call to mind two or three cases in which enlargement of the liver was very marked, and where rest in bed, a farinaceous liquid diet, with aloes 30x or croton 6x, used for the diarrhea, brought about a perfect reduction in the size of the liver and a disappearance of the threatening symptoms. Keep these patients in bed months, if necessary.

Dr. Horner.—I should attack the case from the opposite side from which Dr. Biggar makes his attack. I see nothing to be gained by constantly depleting the portal system by calomel. Get the heart to performing its function properly and you will have no need for calomel and remedies used for physiological effect.

Dr. O. D. Childs.—Study "Hahnemann's Chronic Diseases" and your success here will be the greater.

Dr. N. T. B. Nobles, of Cleveland, presented a case of a woman, aged fifty-two years; goitre since twelve years of age; great enlargement of the right and middle lobes, with attacks of dyspnea, fainting and hoarseness. The right and middle lobes were removed entirely and the patient made a splendid recovery. Does not believe in operating on these cases unless signs of pressure upon important structures, and deprecates the use of galvano-puncture.

Discussion.

O. A. Palmer.—I would not operate a case of goitre. Thyroid extract and lycopodium cure my cases.

H. D. Bishop.—We should differentiate between exophthalmic goitre and idiopathic goitre. Exophthalmic often amenable to treatment, while the other may demand operative measures.

H. F. Staples.—Galvanism with solution of iodide potassium on negative pole accomplishes much. A 10-inch goitre was reduced 3 inches in a year by this treatment.

O. D. Childs.—I cured last year twenty cases of goitre by internal administration of lapis alb., calc. phos., baryta carb., phos. iod., and calc. carb.

Society adjourned for dinner.

Censors reported the following for members: J. V. Gray, Cleveland, and H. C. Coolman, of Hudson. Both elected.

A membership committee, consisting of Drs. Cauffield, Horner, and Barton was appointed.

Dr. C. C. Wellenbaugh, of Canton, reported several interesting cures by high potencies, as did also Dr. F. D. Smith, of Cuyahoga Falls, and Dr. Katherine Kurt, of Akron.

Dr. Geo. B. Haggart gave an interesting talk on "Two Surgical Questions." First, systematic early surgical intervention; second, the need of positive late rejection or refusal. Discussed by Drs. Biggar and Jones.

Dr. Thos. H. George recited two cases of anesthesia under difficult conditions; one for Dr. Wm. T. Miller in a case of marked atheroma, and another for Dr. Wm. H. Phillips by Junker's method through a tracheal tube, during a Dawbarn's operation for extrinsic laryngeal carcinoma.

Dr. Wm. T. Miller, Cleveland, presented, first, an atheromatous popliteal artery, removed after an amputation for gangrene of the foot; second, a case of brain tumor, with specimen.

The Society then adjourned, leaving the next place of meeting to be determined by the Executive Committee.

BOSTON, MASS., October 11, 1907.

EDITOR OF THE AMERICAN PHYSICIAN:

I am making bold to write to you begging of you about a thousand dollars' worth of advertising for nothing; and I am sure I will get it, for I am advertising the one thing above all others that I am sure you believe in—the American Institute of Homeopathy.

I want to make a direct, personal appeal to every member of the American Institute to send me the application of at least one new member for 1908. They must do this. I am expected and required to bring in a large number of new members in 1908, and how can I do it, how can I reach out into all parts of this great country if the members of the Institute do not take hold of this matter and help me, and I believe they will.

Let any who have not application blanks send to me and I will forward them at once. I will accept one or a hundred. I assure you there is plenty of timber to work from, for there are over eight thousand homeopathic physicians in the United States not members of the American Institute.

WILLARD A. PAUL,
Chairman Committee
on New Members.



The Medical Library

By O B SERVER

Die Kontrakturen bei den Erkrankungen der Pyramidenbahn.

Dr. Otfried Förster, of the University of Breslau, has made a careful and thorough study of the muscular contractures and rigidities that occur in affections of the pyramidal tracts, especially in conditions of spastic paralysis, hemiplegic and paraplegic alike. The inhibitory influences which pass along these tracts are, he says, more sensitive and more quickly interfered with than the motor impulses, and he practically adopts the view, long ago advanced by Dr. Hughlings Jackson, that the source of muscular rigidity, or even tonicidity, is in the cerebellum, the influence of which is kept normally in check by these inhibitory impulses emanating from the cerebral cortex and passing to the lower motor centers by way of the pyramidal tracts—that is Dr. Jackson's view of the "unantagonized cerebellar influx."

Dr. Förster well differentiates the varying degree of contracture in different sets of muscles in spastic paralysis from the rigidity sequential on irritative cerebral lesions where the different groups of muscles are equally affected, but he does not seem to distinguish between different factors in late rigidity, and in the contractures depending on long-continued faulty posture of limbs—that part of the rigidity, in fact, which depends on structural changes in the muscle itself, which is probably the main reason why it does not disappear under the administration of a general anesthetic. Contracture is—and, according to his view, if we understand it aright, is alone—a subcortical fixation reflex, an intensification of the normal fixation reflex, of the normal resistance which each muscle reflexly opposes to its extension, the effect of which is well seen physiologically, he maintains, in the posture and limb fixation of the fetus *in utero*.

The reason he suggests for some muscle groups undergoing contracture more rapidly than others is that the former are more concerned with maintaining the fixed position of limbs than with locomotion. He sees an almost complete analogy between the rigidity of spastic paralysis and that

of paralysis agitans, and that due to senile arterio-sclerosis, and he goes far to establish this position. In paralysis agitans, he says, the difficulty consists in a failure to shut off the strong fixation reflex preliminary to carrying out any active movement, and this failure he ascribes to interference with cortico-cerebellar tracts. Dr. Förster has given to medical science an interesting, suggestive, and sound piece of work for which he deserves thanks.

Degeneration in Families.

The author of "Degeneration in Families, or Observations in a Lunatic Asylum," a translation from the Danish, is the Medical Superintendent of the Middelfart Asylum near Funen, Denmark, Dr. F. Lange; he has interested himself for some years in a study which, if carried out on a sufficiently wide basis over a prolonged period, would almost certainly lead to valuable information: that is, he has been at great pains to trace the near and distant blood relatives of his patients, collateral and ascending, to discover their origin, history, attainments, aptitudes, and failings, and connote these with the psychic characters of the inmates of his asylum. On the strength of his researches he has come to certain general conclusions, which he maintains to be of importance. His material is certainly and admittedly small, but some of the results of his inquiries are as certainly striking. First of all he examined his material from the points of view of inheritance from (a) mentally diseased, (b) from an epileptic, and (c) from an alcoholic ancestry; in each of these regarding the total and not merely the asylum descendants. No one of these, however, forms the *punctum saliens* of his argument. This last, the principal result of his fifteen years' investigation into family histories, is concerned with 44 families, dubbed by the author his "Great Families," which have supplied in all 77 patients to this one asylum in less than 20 years, and in addition have produced 358 "distinctly abnormal cases of a neuropathic nature within the ascending family lines of these patients or their very

nearest lateral branches," making a total of 428 well-defined maladies within the 44 families in the course of a few generations. In marked contrast with the first three groups (a, b, and c) he finds his patients from these Great Families to be as a rule decidedly intelligent and cultured. But the extraordinary result of his inquiries is that, looking at the extra-asylum members of these families, a very unusual proportion of highly-distinguished persons is to be found. These include: Two cabinet ministers, an ambassador, three bishops, eight other prominent clergymen, three generals, three admirals, nine university professors, a large number of other highly-placed officials, twenty poets distributed over a space of a century and some of them of the highest rank, twenty-four artists (painters, sculptors, musicians, etc.), about half of whom are known all over the country.

In twenty-eight of these Great Families, with whom only Dr. Lange has extensive and complete information, seventy-two individuals have reached prominent positions through special personal intellectual ability. With regard to the asylum members of these families he has not found severe devastating forms of disease but rather the lighter, frequently and easily recurrent forms of mental affection. Speaking generally, these families were old families, in the sense that they had been removed for generations from the soil and had already attained to superior social position when mental disease overtook some of their members. That is, he says, "it is a case of the ripe fruit, which drops from its branch when its time has come." Thus, for Dr. Lange, a family is like an individual, in that it shows the same stages of youth, maturity, and senile decay. At any of these stages, individual members, single offshoots of the genealogical tree, may be diseased, but most numerous in the ripe fruit. With this psychic deterioration there is, according to Dr. Lange, a bodily degeneration, evidenced by what he calls the "uratic degeneration," a term which explains itself, distinct manifestations of which he found diffused throughout his Great Families.

The book abounds in faults. It is floridly prolix where it might have been simple and scientifically exact, the material is neither appropriately grouped nor indexed, and the argument abounds in question-begging statements, such as that "one child, the offspring of connubial bliss during intoxication, may perhaps be sufficient

for turning the scale and reversing the destinies of a whole family."

Nevertheless, the author's careful inquiry into the forty-four families is of decided interest, and seems to show by an analysis of family histories that a certain truth is contained in the frequently-encountered statement that genius and insanity are allied. But the author's gravest fault is that he does not explain what for the purpose of his investigations is implied by the term "family." From the legal point of view, and also in ordinary parlance, every one belongs to a "family," which is determined in civilized countries by agnatic succession—that is, from father to son—but from the point of view of the transmission of bodily and mental characters only cognatic succession, through both sides of the house, is valid. This necessarily admits only of degrees of relationship and entails the very large submergence of the "family" in the tribe or race within which the arbitrary limits inclosing a family have to be drawn, which limits should be explicitly stated in any scientific treatise dealing with this subject.

La Regeneration des Familles et Races Tarees.

While Dr. Lange attempts to trace an inevitable degenerative process in certain families with particular reference to their mutual decadence, Dr. Contet, on the other hand, in a work published recently in Paris, whilst tacitly admitting a process of degeneration in certain stocks (he does not use the term "family" with the restricted connotation of Dr. Lange), insists on the plasticity of the human organism in response to changes in the environment, and the consequent possibility of a regenerative process ensuing upon the institution of proper prophylactic measures. Dr. Contet is thus at feud with the pessimistic views of many modern writers who regard the appearance, early or late, of the manifestations of a morbid heredity as necessary and ineluctable, a doctrine which he considers likely to result in either a dangerous scepticism or a resigned fatalism. The work is divided into two parts, the first part entitled "*La Notion de Régénération*," giving an account of the various adaptations of the living organism to external changes, the racial acquisition of immunity to pathogenic organisms, and "the frequent transmission of modifications produced in the cellular function of descendants by the diseases of their generators." The transmission of acquired characters is thus the principal support of the author's contentions.

The second and larger part of the book is concerned with prophylaxis so far as hereditary influences are concerned. He divides the various modifications necessary for man's proper adaptation to his environment into two kinds, cosmic and social, and it is against the latter that he principally inveighs. In condemning alcoholism, he maintains that this is a tangible symptomatic manifestation of latent troubles of the social organism, and "that it is therefore of little use to interdict the manufacture or sale of this or that beverage, whilst leaving the actual conditions which are producing the desire for alcohol untouched." In general, Dr. Contet's remarks, though neither striking nor novel, are eminently sane and practical and such as will commend themselves to the medical profession at large.

Anesthetics and Their Administration.

The third edition (1907) of this classic by Dr. Hewitt maintains the high standard of those preceding it. Analyzing carefully the many investigations of recent years—since 1901—the author has found it necessary to modify some old theories, to omit others, and to accept or partially accept new ones. It is gratifying to note the prominence given to the work of Embley and Martin, whose conclusions are practically adopted in the summing up on page 133 under the question, "How does chloroform kill?" So important is this summing up that it is worth quoting here:—"So far as we have gone, then, it would seem that we have in chloroform a drug which is a powerful protoplasmic poison, which, when given in toxic quantities, leads to death of the organism, not because it paralyzes respiration . . . but because, as recent researches have shown, it markedly depresses the circulation."

In the paragraph on "Habits of Life," the very important question of the effect of the excessive use of tobacco by subjects of anesthesia administration is but lightly considered, while its frequent result, especially in the form of cigarette-smoking, the production of the often dangerous state of "false anesthesia," page 394, is ignored. To the author, as to most of us who have long practised the open method of chloroform administration, Harcourt's ingenious apparatus for the close method remains—"only that and nothing more."

The march of recent events has necessitated the interposition of a rather dubious chapter on ethyl chloride, damning it with mild dams, and

closing with an ominous paragraph containing the information that one investigator believes the mortality to be about 1 in 3,000—slightly higher than that of chloroform! However, the chapter describes a simple inhaler for conveniently obtaining these results. An interesting, but at present necessarily inconclusive *résumé* of the then literature on the condition of "acid intoxication"—"acidosis"—or "delayed chloroform poisoning," has also been introduced.

We cannot agree with the cavalier way in which the author disposes of the value of the use of adrenalin. Presumably from the context, he has never known it to be used in adequate doses, and only as a desperate "last try." Like the lady in her postscript, so the author in his preface makes one of the most interesting and practical suggestions. He there makes out a good—because a common-sense—case for the necessity of bringing the teaching of "anesthetics and their administration" into line with that of other important subjects of the medical curriculum.

Insanity Cured by a New Treatment.

Those who are familiar with Dr. Suckling's writings will be quite prepared to learn that the "New Treatment" advocated is the operation of nephropexy. Dr. Suckling believes that the dropping of the kidney causes symptoms in two ways. "First, *mechanical*, by reaction or pressure on blood-vessels, nerves, ureter, colon, stomach, etc., causing gastric and intestinal symptoms, pain, dilatation of the stomach, colitis, ovaritis, and uterine trouble. Second, *toxic*, through retention of urine, causing insanity, melancholia, mental depression, headaches, and morbid fears." These symptoms are met with both in men and women, and the writer considers that a special type of insanity consisting of mental depression with delusions and suicidal tendencies is due to the toxic effects produced by the displacement of the kidney. We are all familiar with the fact that displaced kidney may be detected frequently with an entire absence of any of the mental symptoms Dr. Suckling enumerates. We also know that in some neurasthenic conditions the kidney may be displaced, and apparently this displacement gives rise to local symptoms. We know further that not infrequently operation for fixation of the kidney does *not* relieve either the local or general symptoms, and it will take more than the few cases scantily reproted by Dr. Suck-

ling as cured by the operation of nephropexy to convince us of the soundness of his arguments. In the treatment of any morbid condition we should aim at the removal of any and every possible source of peripheral irritation, but until further clinical experience has shown that the operation of nephropexy is invariably followed by the relief of the mental symptoms above described, we shall be disposed to consider Dr. Suckling's thesis as "not proven."

**Beitrag zur Diagnostik
und Therapie
der Geschwulste im Bereich
des Zentralen Nervensystems.**

Under the title of Contributions to the Diagnosis and Treatment of Tumors of the Central Nervous System, Professor D. H. Oppenheim publishes the notes of 14 cases of tumor of the brain and 15 cases diagnosed as tumors of spinal meninges, in each of which an exploratory operation was recommended and performed.

Although the regional diagnosis throughout is shown to have reached a high degree of excellency, the operation results can hardly be considered very encouraging. Out of 27 cases of tumor cerebri which have come under the notice of Dr. Oppenheim since the publication of his excellent monograph on brain tumors in Nothnagel's Handbook (1902), 3 cases (11.1 per cent.) may be considered to have been cured by operation. On 3 cases operation was only undertaken as a palliative measure; in 6 cases (22.2 per cent.) improvement followed surgical treatment, while in the remaining 55.5 per cent. the result was disappointing, for either the patient died from the operation or the tumor could not be entirely removed.

It must, however, be taken into consideration that in 12 of these cases the tumor was situated in the posterior fossa, the most unfavorable of all places for removal. The account of the cases shows that every precaution was taken and much care and thought expended before operation was recommended, and the results probably represent more nearly those obtained by the majority of surgeons than the more optimistic writers would have us believe.

We can quite indorse Professor Oppenheim's statement that the operative treatment of tumor cerebri remains one of the most difficult and thankless tasks that the surgeon has to discharge. Among the 15 cases of tumor of the spinal meninges, the first 9 quoted gave excellent results, 4 out of the 9 showing complete recovery after

removal of the growth. In the last 6 cases described—although, as Dr. Oppenheim says, he is showing the other side of the picture—the result of surgical interference is not discouraging. In 2 of the cases operation was fatal, 3 cases remained practically unchanged, and 1 showed some improvement. Three of these latter cases exhibited a condition described as "sero-spinal meningitis," a localized inflammation which cannot as yet be said to have come into recognition as a distinct entity, but we can well believe that it may give rise to pressure symptoms indistinguishable from those produced by a tumor of the meninges. In these cases it is possible that puncture and withdrawal of the fluid would give good results with less risk, but in the present state of knowledge the impossibility of differential diagnosis between sero-spinal or other localized forms of meningitis and new growth makes laminectomy the only safe course.

Dr. Oppenheim points out that in tumors situated in the spinal canal, as in the case of intracranial tumors, an early exploratory operation is indicated. As soon as the condition is diagnosed surgical treatment should be advised, since in waiting for confirmatory evidence the risk to the patient is increased, and the chance of successful removal lessened.

**Die Trunksucht
und ihre Abwehr.
Beiträge zum gegenwärtigen
Stand der Alkoholfrage.**

Drs. Baer and Laquer have collected in their treatise ("Intemperance and Its Remedy") a number of interesting facts. The disastrous consequences of excessive indulgence in alcohol are so well known to the profession that in reviewing a book of this kind one is tempted to emphasize its shortcomings more than its merits, and we may therefore refer to a few points which might be improved in subsequent editions.

In discussing the actual dose of alcohol which is to be regarded as deleterious, the authors say (p. 26):

"Only very small quantities taken at rare intervals are without after-effects upon the organism. If it be regularly consumed, even in small quantities—which in the course of time have to be increased in order to produce the same euphoric influence as formerly—toxic effects are not absent; they first make themselves known, even in an apparently normal state of health—a point we wish to emphasize—by the fact that without its ingestion ordinary normal physiological functions

are not performed in the accustomed fashion—for example, appetite, sleep, etc.”

It may be doubted whether it is politic to apply such a criterion of toxicity to alcohol, since it might, within the experience of the person sought to be convinced, condemn also many articles of diet in regular use. Much the same sort of statement is made by vegetarians about meat. Indeed, the violation of any long-established routine—for example, changing the hour of dinner—is, in many persons, followed by a temporary disturbance of sleep and appetite.

In the chapter on Alcoholism and Racial Degeneration the authors make statements which are questionable. For instance (p. 91):

Since the highly degenerate offspring of drunkards are eliminated sooner or later, in the long run the ordinary (*mittelmässige*) individual consumption of alcohol, with its less severe degenerative and regeneration-inhibiting effects, has practically the most important influence on heredity and variability, and so much the more since an ordinary consumption does not markedly influence fertility, and the percentage of the non-selectively affected relatively to the selectively affected is markedly greater than in the case of drunkards. . . . From the point of view of racial hygiene we must first cope with moderate, and in the second place with immoderate, drinking.

Before these statements can be accepted statistical proof must be given that such degeneration is inherited. In other words, the transmission of an acquired character of the least favorable sort for inheritance would have to be proved. The statistics quoted from Legrain and Plant do not demonstrate these alleged facts. That there is a high percentage of epileptics among the offspring of alcoholics may be interpreted in at least two ways. The type of individual that drinks to excess may be different from that of the general population—a fact of which those who are in favor of total abolition must make effective use. The suggestion that epilepsy can be induced in a normal person by alcoholic excess, and that this condition will be transmitted to his descendants, is not borne out by any evidence to be found in the work before us.

Interesting figures are given showing the average expenditure on alcohol in different working-class families. Thus, in 908 Berlin families 6.74 per cent., and in 11,156 American families 1.62 per cent., of the total earnings were spent on alcoholic beverages. The authors attribute this

striking difference, in large part, to a widespread belief among German artisans that beer is “*flüssiges Brot*.”

Trate Pratique dei Technique Orthopedique.

Dr. F. Calot, whose name is well known in this country, has already written a treatise on the therapy of coxitis, and he now brings out a somewhat bulky volume on the technique of the treatment of congenital luxation of the hip. He adopts a plan peculiarly his own in dealing with the subject. He regards his readers as his pupils, and hopes to fix their attention by a sort of catechism of question and answer, as if he were holding a surgical tutorial class. To some this plan may appeal, but, to be perfectly frank, we find it wearisome. At the head of each chapter is placed an epitome of its contents, and Dr. Calot certainly prides himself on the value of this summary. He takes a most rosy view of the treatment of this very difficult deformity. He claims that it can and ought to be cured by manipulation up to the age of twelve or fifteen years, and states that he is prepared to furnish proofs of this statement, clinically, pathologically, and by Roentgen ray photographs. We can only say by way of comment that Dr. Calot's experience and results must be unique, for we find in this country few, if any, cases amenable at all after the ages of eight to ten years. Further, he states that after-care need last only four to six months to effect a cure. In this particular he is at variance with the great bulk of skilled experience. One other startling statement must be noticed: “If it happens that the luxation is bilateral the age indicated (of possible cure) should be lowered at least two or three years, as compared with unilateral cases.” Again, this is contrary to the opinions of other surgeons. Dr. Calot adopts the method of reduction by manipulation, but the plan which he states gives him the excellent results he achieves, is prolonged extension by great weights, of as much as thirty pounds to forty pounds for a considerable period before the operation; and he distinctly says that this time of preparation is not included in the estimate of four to six months given above. So far as we can see there is nothing very novel in the procedure he adopts. Although the treatment of this distressing deformity has improved, yet it does not seem to us that the time has arrived when bulky treatises should be written, nor that the results so far attained are such as to convince the impartial student that any degree of finality has been reached.

TOPICS OF THE HOUR

Oklahoma City.

Dr. Joseph Hensley, the indefatigable Local Committee man, informs us that his State Society met in his offices recently with a good attendance of enthusiastic physicians. Many able papers were presented and freely discussed. The officers elected for another year were Dr. Hensley, president; Dr. Mary Ray, secretary-treasurer. Dr. Miller, of Blackwell, is first vice-president, and Dr. Hughes, of Muskogee, is second vice-president. A strong legislative committee, composed of five members, with Dr. Hensley as chairman, was elected. Five delegates were elected, one of whom is to visit the following States in the interest of the coming Institute meeting: Arkansas, Texas, Colorado, Kansas, and Missouri. The Society divided up the work into different sections, with a chairman to each with power to select his assistants, after which the Society adjourned to meet in Guthrie sometime in April. There is no question but that our Oklahoma friends are enthusiastic and busy to make the Institute's visit there a great success. Dr. Hensley's executive ability stands him in good stead. He's a worker and thinker. There will be no repetition of the Jintown frost and disappointment.

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The New York Homeopathic, and then Some.

We sure would like to have been present at the round-up of the New York contingent, and "contagious" adnexæ, being the forty-first semi-annual meeting of the Homeopathic Medical Society of the State of New York, held in conjunction with the semi-centennial of the Homeopathic Medical Society of the County of Kings—(you notice that, don't you? Go on, you do! that "County of Kings"; anybody or anywhere else in the United States, he, she or it, would have been satisfied with just plain Kings Co.)—wait a moment, we will have to go back and repeat what we were about to say when we were interrupted—oh, yes, a card accompanying the program says that Master of Arts, Charles Eloquentia Walton was there with that smile which won't come off. Now, we do wonder where he got *that* title; it surely isn't the one he got down at Jimsonville, con-

ferred, accoladed, dubbed and created by Dr. Royal S. Copeland, our Institute President, and, who, by the way—no, no, this was still early in the meetings and eatings, and he had not fallen by the way—figuratively speaking—is also an A. M., and was present at the whole show—unless the program lies to us, as it lies before us.

My, we'll have to hurry up or we'll never be anything but just an ordinary medical man, and a sometime-editor, to be forgotten—especially by the great American Institute—a month or such matter after the passing on of our immortal soul, like John Brown's body-guard. With two such learned men sitting on the same bench with him dipping their bread in his dish, it must have been a hard *case* for that lonely minister. For New York has an embarrassing habit of telling stories and singing things that might not square with the Westminster Confession.

Then, again, there are many ministers, who have long since laid off the uncomfortably austere, and got back again to nature like Egg-O-See; and this man may have enjoyed Walton's poem as much as the medical audience did. The Bureaus of this Empire State Society, as the artistic Worthington Paige program shadows forth—and we take great delight in saying that, for Worthington Paige is Past Grand Master in the art of getting up a medical program or a medical Transactions, there being but Guy E. Manning, of San Francisco, who can travel in the same class—from this program we note that all the Bureaus are full of excellent papers, and the authors are well known and famous. But please don't never again refer to Dr. Royal S. Copeland as the President-elect of the American Institute of Homeopathy. You had otter know that there hain't no such office; that the moment the Institute adjourns, in even so rotten a place as the Jimsonville Exposé—the President, who was elected the Thursday preceding, becomes President. The President-elect, or, perhaps, more properly, the President-expect, is the man who is even now trimming his fences for Oklahoma; he is that unusually handsome doctor who on one day—but, goodness me, we almost told it out, still!

Bro. Rabe appears as chairman in this conjoined session, and he seems certainly to have his hands full of committeeships, chairmanships, and the like. Be careful, dear doctor, how you push that energetic mind of yours. We know of one doctor who thought himself some pun-kins, who, like yourself, thought he was made of structural steel with concrete reinforcements, until one evil, snowy day he sat down most ungracefully on the sidewalk, and did something or 'nother to his spine which has kept him a member of the Shut-In Society most of the time since. Oh, yes, there is a direct connection between falling on a snowy sidewalk and overexpenditure of nerve force. Had this doctor referred to given heed to himself; had he not pushed his work at all hours of the day and night; had he taken proper common-sense rest occasionally, he would not have fallen, or, if he had, as he and you have done a half-hundred times before, you and he would have gotten up, brushed the clinging, flaky, beautiful snow which can do no harm off your raiment, the whiles scowling maliciously at the red-headed girl who laughed because you fell. But we are wandering frightfully this morning. The New York Homeopathic Society, as we began saying when we joined the journalistic crew in 1888, always gives what it promises. And a day or two spent among those rare spirits freshens up the petty, trifling commonplace cares of every-day life. And a last reflection, a sorrowful one, is the vast and unparadonable contrast between the New York Homeopathic et al. meeting, and that other one at—but no matter.

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 Webster's (Daniel) Unabridged Dictionary.
 New Testament. Revised Version.
 Lindley Murray's Grammar, and Greene's Analysis.
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 Transactions of the American Institute of Homeopathy.
 McGuffey's Spelling Book (blue back with squirrel in picture).
 Blair's Rhetoric, and Easy Lessons in English Diction.
 Copée's Logic, with Aristotle's Syllogism explained.
 Bullfinch's Mythology. (The preacher-expurgated edition, where they put fig-leaves on all the statuary, or "cut it all out.")
 Mitchell's Geography, with Atlas.
 Addison's Spectator, 9 vols., edition de luxe, London.
 Spencerian Copy-book (with life-size hand on the cover showing how you must point your pen over the left shoulder).
 Hensley's Oration at Jimsonville.
 Walton's Poem, On the Bridge at Midnight (The Rhine).
 Dickens' works—so do we.

Map of Indian Territory before and after.

Progress, July and August numbers, 1907.

The Clinique, *ibid* and *idem*.

Latin Quotations from back of Spelling Book, page 102 *et seq.*

And many others not now recalled, but to all of which and whom by and near, we return our most grateful and sincere and heartfelt thanks for the exquisite floral offerings of the Lodge and the Shop, especially the set piece representing Gates Ajar—Wo there! Nancy Mariah Jane, we've run into a funeral—Well, that's a good place to stop.

♦ ♦

Two Journalistic Echoes.

The *Clinique* of recent date, under the rather gruesome head of the Suicidal Policy of the Institute, and *Progress* of Denver, under its own peculiar sub-head, repeated in a following number, have some rather discouraging things to say about the old American Institute of Homeopathy.

Progress is grieved most about the loss of prestige because of having gone—the Institute having gone—to the Jamestown Exposition, and because now, again, it has decided to go to a distant and inaccessible point—Oklahoma. The *Clinique* bewails the short-sightedness of the active membership in permitting a handful of present members to send the Institute to Oklahoma, or, by inference, if not by direct implication, to Manila, or Sitka, if not to Simla, or Hell's Kitchen, on any old pretext.

The Westminster-Abbey editor is slightly aberrant in his conclusions. The Institute has not lost prestige by going to the Jamestown Exposition—and please remember that it did not go to Jamestown, there being no Jamestown, Va., nor any Pocahontas who later did not marry Capt. Smith, at the present writing, as might appear to a distant editor who draws his facts solely from the sparse attendance at the meetings. The Transactions of that meeting, when they appear (if some of the men "higher up" will eventually return to the Secretary their speeches, discussions and photos before the close of the calendar year) will show most wonderfully clear that the session at Stramoniumville was, after all, a good session, filled with enthusiastic members and excellent homeopathic papers.

True it was hurt, the Institute was, by the unhappy surroundings, and by the pretty general absenteeism of the nearby membership. But this was not because they loved the Institute less, but the rather because, being conversant of the unfinished state of the Exposition, they refused to attend the meeting, and be caught between the

Scylla of Inside Inn fare and the Charybdis of a peck-a-boo, open-work, Hall of Congress, and this, too, in face of the fact, as alleged, that they, these nearby members, were last year chiefly instrumental in sending the Institute to Jimsonville.

As to the suicidal policy referred to by the *Clinique*, that has reference mostly to the Oklahoma proposition, and not to any fall-down in the intrinsic merits of the Institute itself; we nowhere have, as yet, found any declaration in any journal that the make-up of those who attended the meetings, or the tenor of the papers presented was, in any sort, inferior to those of preceding meetings. The *Clinique*, like some other people of whom we have heard, objects to the going of the Institute to Oklahoma, and why? Because—

Too far away.

A crassly new region.

Wrong time of year.

Yet all these things were known for months before the round-up at Jimsonville. Everybody who reads current homeopathic journals, which, presumably, the several editors of the *Clinique* do do, knew that Oklahoma would make a large and insistent bid for the Institute in 1908. It had almost secured the prize at Atlantic City the year preceding; why, then, in all common fairness, didn't these forty, or even thirty, or even twenty, or even ten, or even five, or even ONE righteous (homeopathic) member from Chicago—aside from our good friend and brother, Dr. Cobb,—make a noise like a protest, or hand down pro forma their lubricated opinion forinst the going to Oklahoma?

To be sure, it is some distance between drinks—let us say, from Sutherland's porte-cochère down to Oklahoma City; or from 'Gene Porter's alleged editorial-factory in Manhattanburg; or "Billy" King's eye-water shop under the shadow of the Big Stick; or the high-potency preserves in Chicago where supinely sits the only Allen, folded hands in breeches pocket; or the hospitable de Witty Wilcox's hospital out Bison-way; or Hamilton Fiscus Biggar's parochial house, near the goff links of John D.'s Forest Hill home; or Zerrubable Miller's Pittsburgh palladium of civil liberty; but "consider, cow, consider," the lasting good we will be doing the Great Cause of Homeopathy by possibly "expatriating" ourselves, our wives, and sweethearts (may they never meet), for one short week

doing the missionary stunt—the proper and primal purpose of our Institute, as promulgated at Stramoniumville.

Look at it this way, ye smell-feast editors with the bicker-knockers:

It seems certain that those who went to the expense and fatigue and discomfort of traipsing to Jimsonville and risking their lives on ptomainac food, had the right of saying what the Institute, represented in their proper persons, should do, or not do. And they, this faithful band of men and women, decreed, unanimously, that it should be Oklahoma next year. While you gentle editors, you rulers in Blue Pencildom, you sunshine patriots, who staid at home with your wives (editorially *we*, not plurally), are trying to decree ex post facto that the Institute shall not go there.

Who shall decide?

In this extremity what would you advise?

Oh, for a Kinne, or a Talbot, or a Dake!

We do not believe, however, that there is any suicide in prospect no matter which way the cat jumps; neither do we fear that the Institute has lost its former prestige and usefulness simply by having gone to the Jimsonville Imposition, or, because, while there, it decided to go next year to Oklahoma to "boom" Homeopathy in the new South and Southwest.

Besides all this, what is wrong with Oklahoma, when once you admit that its far-away-someness, and heat, and newness are not crucial objections?

The patriarchal statesman, whose magnetism influenced the remnant host—(hypnotising even the red neck-tied dreamer of the Institute to stand on a bridge at midnight)—to go to his town, came fully prepared to prove his claim. He had photographs of the church in which we are to meet (as we did in Denver and Buffalo) and of many of the public buildings; preceeding all this, the *Medical Century* had given several pages to show up his city and state in picture and prose; he was prepared to show that all the prominent business interests of Oklahoma were anxious to have the Institute visit their boomful bailiwick, to bring with them T. Franklin's roll-top desk, the Registrar's Ball-bearing Venetian-blind mechanism, and the feetless Secretary with his chariot of state; and then this later Joseph, in a still later and newer and possibly fresher, but now "dry," Egypt, promised to use seven million dollars to entertain us

to the queen's taste—it was seven million, wasn't it? So that Campbell, the unswerving and unswearing of St. Louis, will not have to lug his own luggage from depot to hotel.

There will be no Inside Inn fare there. There are many hotels. All the railroads will sell tickets at reduced rates to this battle-ground of modern Homeopathy. There will be no need to hop, step and jump over thirteen or fifteen railway tracks from the hotel to the church-place of meeting, for the streets and sidewalks are complete and of the most durable and up-to-date material. There are electric lights, trolley cars, telephones, and telegraph service; and the express companies will doubtlessly deliver gent's bedroom slippers and things during the week of our sittings there.

But the old Institute, wie der Alte Gott, still lives! Don't forget that, you-uns away out yonder in your Westminster-Abbey town—you brethren of *Progress*. And when it foregathers in 1908—the Institute—it will be found to have in its midst, as always, the best, the most advanced of its membership, including the Board of Editors of the *Clinique*, not excluding Halbert, as it always has when it meets where civilization and modern methods of livin' and eatin' and havin' your bein' is the vogue.

Sunday Rest.

Wherever Sunday is generally regarded as a day of rest, probably most medical men on that day manage to obtain some degree of relaxation from their daily toil. Nevertheless, it is by no means sure that a movement such as is now in progress in Europe might not well find its counterpart in many parts of this country. Sunday closing, recently enforced upon shopkeepers in France by a much contested law, seems to have engendered amongst medical men in France and elsewhere an active desire to obtain the benefits of an analogous closing for themselves. And in this there is much sound sense, for if it be true that it is to the interest of the community that every worker should be released from labor at least one day in seven, it must be doubly true of the medical man, for whom the day's work never ends and whose night's rest is often interrupted. Of course, in any attempt to promote the comfort and well-being of individual medical men, the needs and reasonable desires of their possible patients must be duly consulted.

It is his recognition of this limitation which

makes a recent consideration of the problem by Dr. Ravon of St. Etienne,* of real interest. Obviously among the points to be determined are to what extent are the demands for Sunday labor at present made on medical men really legitimate, how far should medical men in their own interest comply with them, and what period of rest should they endeavor to obtain. His conclusion on the first point, based on a long investigation of his own practice, is that only about 25 per cent. of the visits requested by patients on Sundays are really necessary; and that the other patients summon their medical attendant on Sunday rather than on the preceding Saturday or the following Monday, simply because the idea of a medical man requiring a Sunday rest has never occurred to them. In regard to the other points, he considers that if a medical man devoted the whole morning of every Sunday and public holiday to work and the rest of the day to some other occupation, the needs both of his practice regarded as a business enterprise and his own well-being would be duly met. It does not seem to him that an amelioration of the present conditions would be difficult if medical men set to work to bring it about. They should first educate the public into taking a proper view of matters; and, secondly, arrange among themselves to take it in turns to remain on duty on Sundays and public holidays to attend to the needs of persons who, owing to accident or the like, require a Sunday visit at other times than in the morning. To this end he would have the medical societies established in different localities publish from time to time in local journals a notification to the effect that all visits paid by request after midday on Sunday and holidays will be charged at the rate of night visits, and on each Saturday an advertisement in the local paper stating that the names of the medical men who will be available on the succeeding day after twelve o'clock can be found at the police station, or in some other place which is constantly open. Steps in this direction, it may be noted, have already been taken in some parts of Germany, but with what success we do not know, and similar measures have for a considerable time been in vogue amongst chemists in many parts of France.

Two Notable Resignations.

We chronicle with much regret the resignations from Hahnemann College, of Philadelphia,

* *Gazette Médicale Belge.*

of Dr. W. C. Goodno (Practice of Medicine) and Dr. Charles Mohr (Materia Medica). Dr. Goodno's resignation bears date August 30, 1907, and Dr. Mohr's, September 28, 1907. Dr. Goodno had been in continuous frictionless professorship for more than twenty-five years, while Dr. Mohr had filled his chair for twenty-two years. In the instance of Dr. Goodno, we have not learned the particulars which have led up to his severance of college relations, save that he has located himself in Pasadena, Calif., owing to the ill-health of himself and his good wife, and that he declares he has absolutely withdrawn from the practice of medicine. There was, therefore, nothing to be done except to accept his resignation. Dr. Goodno has been a large and luminous figure in the homeopathic profession for many years, which was accentuated by the appearance of his famous book. He has been ever a faithful, sincere teacher, and strove most manfully to keep his many students abreast of the best and most advanced ideas in the general field of medicine. He was a powerful man in his specialty and always carried his classes with him. Hahnemann College and the general homeopathic profession will sadly miss this eloquent and forceful teacher and practitioner. Our advices do not show his successor.

Dr. Chas. Mohr was a lineal descendant of the great Farrington, the acknowledged Prince of Materia Medica teachers, under whom he had studied and practised, and later had assisted in his classes. We know that Farrington was Hering's pupil, and so the chain of good, pure, old-fashioned homeopathy showed no weakened link from Hering to Mohr. Hering was practically the Father of American Homeopathy; his studies, his labors, his books, and teachings made homeopathy a factor with which the old school had to reckon; an old school physician originally, he was prepared to meet the arguments of his former professional associates, and destroy their logic. Farrington, though of a milder and gentler, far less aggressive disposition than the great Hering, had, however, imbibed that great exemplar's homeopathic faith, and in his many years of teaching he never swerved for one instant from the right-line of true homeopathy. His book of lectures, a posthumous creation, prepared from his own and students' notes, is still to-day the most valuable of homeopathic materia medica text-books, and will continue so to the end of time. Dr. Chas. Mohr received

the lighted torch and carried it unextinguished for more than two decades, lighting the ways of the many, many students, making darkness light before them and crooked things straight. He was a wonderfully magnetic lecturer. He was ambitious for the success of the school in general and of Hahnemann, of Philadelphia, in especial. He was faithful in his attendance upon his arduous duties, as he was sincere and earnest in his devotion to his trust. No student of the many whose diplomas bear his signature can ever allege truthfully that Mohr taught aught but the purest of homeopathy; and if the student went after strange gods in after years, it was not because he had not learned the truth, the whole truth, and nothing but the truth—for he had—but his defection was upon other grounds.

Twenty-two years in one chair in one college is a wonderful record, and deserving of the greatest praise. This man has lived to see Materia Medica take a secondary place in the homeopathic colleges; he has lived to see the mechanical specialties and the laboratory usurping the rightful place of the mild and gentle power—homeopathy. One by one his old-time homeopathic colleagues have fallen out of the ranks at the beck and call of the Grim Reaper, and the gaps were not always filled by men and teachers as honest and faithful as those who had laid down the burden of life. But he persevered, kept on in his appointed way, defending the faith and urging his students to do likewise. But when age creeps on apace we must heed its admonitions and go more temperately. And so Charley Mohr asked to be relieved. He has earned his rest.

It is matter of special gratification that in this instance so excellent a successor was found as Dr. O. S. Haines, who was promptly inducted into the full Professorship, so that there will be no break in the teaching of good homeopathy, for Haines also belongs to the Equestrian Order of Nobility—the Ancient and Honorable Homeopaths—the unbroken chain from Hahnemann. We congratulate the college as we do the profession in having found so suitable a teacher. He knows what homeopathy is, and what is equally and vitally important, he knows how to impart it to others.

Dr. Mohr was persuaded to retain the Registrarship, though he was inclined to unload everything except his daily practice. Therefore, he also resigned his secretary-treasurership of the Institute of Drug Provings.

A parting word, suggested by this latter resignation, is that with a few more decimations of the *materia medica* ranks, where will the current homeopathic profession find teachers who teach? A few still linger in the twilight, though any moment may notify us of their passing over; the younger men, who have not become imbued with the materialistic and commercial trend of medicine, are few and far between. And at a no very distant date the teaching of homeopathic *materia medica* will have become almost nil. Is there no help for the "widow's" son?

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Who Was the Dentist?

An evidence of the power of Eddyism in dentistry. From childhood I had a very ugly top row of teeth, which had been disfigured by the excessive quantity of medicine taken. It was always known that a new set would be required, but that operation was put off indefinitely. One morning, however, one of the teeth snapped, rendering further avoidance of the dental chair impossible. That afternoon, armed with Christian Science(?), I visited the dentist for the purpose of arranging a time. He said that "now" would suit him. After some demur on my part, which was occasioned by fear, I remembered that truth is ever present, and took my seat. Five teeth were drawn, and at my request the impression was immediately taken for a new set. The result was that the new teeth were fitted within twenty-four hours of the extraction, and only two meals were partaken of which differed from those of the remainder of the family, and this only because I was actually without a top row of teeth. Time would fail to give even a brief outline of other demonstrations of this new-old truth. Headaches, insomnia, fever, cuts, bruises, *financial difficulties*, have all yielded to the power of Truth.—W. S. Iliff, Brisbane, Australia.

Obituary.

Harvey B. Dale, M. D.

Not for some years past has a death appalled us as did the notice of Dr. Dale's sudden passing. It seemed but yesterday that we had spoken to him; and surely his letters to us were of most recent date filled with the brightness and elasticity of his wit and good nature. His little poem on *Lycopodium*, which appeared in these pages quite recently, was the effort of only a few mo-

ments, and in answer to our request to write something homeopathically, in place of his several other rather labored papers on Patent Medicines, and unhomeopathic advertisements in homeopathic journals. In all his many communications to us—and they have been many—there was no hint that he had any physical trouble, or that he was not in the trimmest and completest of health. The paper appearing in our October number was possibly his last contribution to any journal. And yet in the midst of his best years, a comparatively young man as years go, his mind clear and bright, his hand steady and reliable, he was stricken with that fell disease, appendicitis, and succumbed to the operation.

Naturally we bewail the loss from our circle of friends of any member, even those who have served their three-score and ten; but when the bolt is from the blue, absolutely without premonition, and without cause; when it strikes him, who is still in the hey-day of life, filled with life's wine of vigor, ambition and love, then our sorrow is paralleled only by our amazement that such things can be, and our belief continue that God is good and that He sendeth no evil upon his children.

Here was a man, well-born and well-built; well-educated and fitted for a long life of usefulness; a happy father in a happy home. He was not merely a doctor of medicine; he was cultured in letters, was a writer of current fiction, a poet of no mean order, as well as medical editor at various times. Letters were his hobby, and he used every spare moment in their pursuit. In one of his later letters, he was debating the writing of a book of poems, and at another time the production of a play; we discussed these topics in many letters and exchanged many opinions, for in this literary pursuit Dr. Dale and ourself were most congenially attracted. And, then, without an instant's warning, we found a chronicle of his death in a contemporary journal! Truly, the ways of God are past finding out! How it bows the back of the infinitesimal quantity called Man, and shows him his puny might! How uncertain is life!

Dr. Dale was a most charming personage. A fine conversationalist, well-read in current events, taking deep interest in all the great questions of the day. He was for a number of years associated in his home city politics, and gave much of his time for the benefit of his city. He was a patriot, a lover of his country, never shirking

his duty as a citizen, ever ready to assist in perpetuating our glorious Republic in its grandeur of good deeds, and destroying the unassimilable quantities. He was a thorough American. We loved him dearly.

Globules.

—Dr. Biggar has recently issued a little vest-pocket booklet bound in anarchistic red, which is a very valuable addition to the comfort and convenience of the family when the doctor cannot be had on the instant, or something in his directions is not as clear when thought of afterwards as it seemed when he gave them to the nurse. It is full of all kinds of nugget-hints; they are really of intrinsic worth and value. If you are good and send a couple of stamps probably you can get a copy. But we hold no brief for the eloquent doctor, and speak without his knowledge.

—Why We Laugh, or one reason why we laugh, is that in looking over the proceedings of the Obstetrical Society down at Stramoniumville we found an impassioned dialogue and back-yard talk between one of the editors of the Cleveland Medical and Surgical Reporter and the Society's secretary, denouncing the proposition to make a certain Obstetrical journal the official journal and mouthpiece of the Obstetrical Society. Twan't fair to the other journals, and a' that, and a' that. Then we recalled that this earnest declaimer and honest disputant is one of the editors of the journal first herein mentioned, whose policy with the Cleveland Homeopathic Medical Society and of the North-Eastern Ohio Homeopathic, and perhaps several others, is exactly on that acclaimed unfair basis of being the official mouthpiece and organ of those societies, to the exclusion and detriment of all other journals of the land. But it do make a darned site of diffence whose ox is bein' gored. Sometimes. Yes. Sir?

—Far away Calcutta is able to have a homeopathic medical college, one registered under Act XXI of 1860, at 159 Cornwallis Street, with a regular series of lecturers, professors, scale of fees, three-year course, etc., while the mother-country, England, in short, is not able to have such college. Why not? We congratulate our Indian brethren.

—*The Iowa Homeopathic Journal*, in its first number, lies before us in a subdued greenerish colored cover. It is published at Des Moines, Iowa, with Dr. G. A. Huntoon, Secretary of the State Society as Editor and Business Manager. It is to be a monthly at \$1 per, with departmental editors. But, judas priest, think of the courage, in this present day of absent and dwindling advertisements, and falling off of homeopathic patronage everywhere in favor of the specialty journals—think of the nerve to start a new *Homeopathic* journal! We hope it may succeed, for it has good material and is built somewhat on the same plan as the *Clinique*—having for its direct subscription list the members of the state society. Here's our paw, in all good fellowship. May you live long and prosper!

—The Lloyd Bros., the famous chemists of Cincinnati, whose output has been for years considered the choicest in their own (Eclectic) and other markets, have latterly had to contend with a scallawag firm in the west, which trades upon the name Lloyd in putting out its wares. This firm claims to have a Lloyd in its company, and, hence, there seems to be no way to prevent the use of the name Lloyd in connection with any fake drug they may foist on the market. Manifestly this is done, in the expectation that some people will be deceived by the name, believing it to be the Lloyd Bros. of Cincinnati, whose preparations have always had the hallmark of perfect these many, many years. Legal investigation disclosed that these fake people had a Lloyd's Cure for Consumption, and will doubtlessly follow it with other Lloyd's Cure-alls, and there is no law in the register that can catch them and make them quit being dishonest. This reminds us that St. Louis is certainly prolific in medical fakes and medical inventions. What is there peculiar in the Missouri law that makes it so easy for any patent medicine to get a foothold there? Examine the advertising pages of even the best of the old school practice journals and note the number of remedies ending in -ine, or -is, or -itis or -ygen, or -tine, or -ton, and the like. In this Lloyd matter something ought to be found in the many statutes of the United States to check up the transparent game, this trading upon another man's good name. But this is not by any means a new trick. Many, many years ago, as we remember to have reported in these pages, a prominent candy man in St. Louis (no, he didn't marry the rich candy-

lady's daughter), having made a comfortable fortune out of a certain brand of taffy, with his name affixed, sold his right and name in that taffy. Some year or such matter thereafter, tiring of doing nothing, he opened another candy-kitchen and made the same taffy, although he carefully avoided using his name in the title, still he added his name and address at the bottom of the box or package. The court held that he could not do this; that his name was part of the article formerly sold; and so, like the Man Without a Country, here was a full-grown American citizen who was forbidden to use his own name while engaged in business. Could not another such Daniel come to judgment and oust some of these western pirates?

—A widow woman,* resident of New York, lately underwent an operation for removal of a fibroid tumor of the uterus. Removal of the growth took place through an anterior abdominal incision, which left the usual scar. In discussing this phase of the matter, one of her female friends exclaimed that it was all wrong for her to have submitted to such an operation. "For," she said, "the best surgeons nowadays never remove a tumor that way, but reach it by cutting through the pajama, when, of course, there is no scar."—Chicago Med. Rec.

—Dr. John Deetrick, of Youngstown, Ohio, recently died at the City Hospital as the immediate result of a fall from a step-ladder a fortnight preceding. Dr. Deetrick had, however, been in failing health for some years before this; had practically retired from the profession and had visited Cuba, and other points in pursuit of health. He was an alumnus of our alma mater in St. Louis, Mo. He was no longer a young man, as the fleeting years tell the tale; still he was active, and built on a "structural steel" frame that should have carried him along safely and comfortably for many more years. Aber Unverhofft kommt oft. We are ourselves still suffering, though measurably relieved and better, from a foolish accident—falling on a snow-covered sidewalk. Still we were more fortunate than our wonderful and loving brother, the late and lamented John Chapin Sanders, who had a similar accident and died two hours thereafter.

—Dr. Leopold Salzer of Calcutta, a corresponding member of the American Institute of

Homeopathy since 1891, has retired from practice on account of failing health, having now reached the great age of 80 years. We wish our distinguished and venerable confrère a peaceful and restful twilight to his long life of activities in behalf of suffering mankind, and when the Dawn cometh may he find himself abundantly recompensed.

—There are a number of flagrant wrongs permitted by our good Government which could not possibly escape an ordinary business man—one not bowing down hourly to the god of Politics. One of these is the advertisement of transparently false statements and their consequent transmission by means of the United States mail. Especial reference is now made to a collar and cuff extensively advertised as a *linen* collar weather-proofed so as to resist the action of water and sweat, and yet indistinguishable from linen; when the fact is—for we have tried it—that the collar is naught but an ordinary celluloid affair, which wouldn't deceive a blind man. We do not know the composition of celluloid; it may be true that there is a linen, or any rate, a cloth base, upon or around which is deposited the celluloid mixture; but that the finished product, as hawked is a *linen* collar, simply waterproofed, is—a lie. Why, then, is this fake concern permitted to offend and swindle the people through the innocent connivance of the Post-office Department?

—We learn with great regret that Dr. John E. White's Nordrach Ranch just outside of Colorado Springs, Colo., was burnt out with great loss. That is to say, the central stone building used for offices, dining room, kitchen, etc., was totally destroyed by fire, which seems to have originated in the coal bunkers. The tents were sufficiently removed and so were not injured. A large tent was immediately erected, and lined and prepared, to take the place, for the time being, of the destroyed building. Dr. White has been conducting an out-door colony for tuberculous patients, and had succeeded in establishing a very fine ranch. The situation is ideal.

—Our distinguished townsman, Dr. H. F. Biggar, was the guest of honor at the opening exercises recently of the Hahnemann Medical College of Chicago. The meeting was held in the large amphitheatre, there being introductory remarks by the President, Dr. George F. Shears, and an Address of Welcome on behalf of the

* As distinguished from a "widow man."

Trustees. Dr. Biggar was received with enthusiastic applause, and spoke interestingly for quite some time on "The Characteristics of the Early Pioneers: Giants then and Giants now." At the conclusion he was tendered an informal reception, which was followed by music and dancing. Next morning Dr. Biggar, assisted by his son Hamilton F., Jr., did some clever clinical work which was duly appreciated. The *Chicago American* appeared with a wonderful interview had with John D.'s family physician, Dr. Biggar, discussing every phase of the Rockefeller problems. Needless to say the whole interview was a lie from beginning to end, no reporter having spoken to Dr. Biggar on any topic whatsoever, and much less on the Rockefeller status. But this is enterprise in newspaperdom. If you can't get an interview, fake one. Honesty! Oh, that doesn't matter. "Damn the torpedoes, go ahead!"

—A very handsome pamphlet embodying the work of the Valley View Hospital, presided over by our "wandering boy" (in Europe at this instant moment of writing), Dr. Charles E. Fisher, lies on our table beyond "reconsideration." Dr. Fisher's able hand as editor and writer, we believe, is visible on every page; the pamphlet reads interestingly, and makes a fine showing of the Chief Surgeon's work. Our wonder has been aroused several times by the absence in the several publications descriptive of this enormous work of any reference to Homeopathy. Are these several hospitals under old school or homeopathic domination? This may have been stated in the literature referred to, but owing to our hasty and desultory editorial way of reading, escaped us.

—The Cleveland Homeopathic Medical College had its opening exercises in the College building, September 25, last, with Dr. G. J. Jones, President, to welcome the students. Dr. Thurston gave an elaborate and eloquent address which was greatly appreciated and loudly applauded. The Dean, Dr. Quay, followed with an address on "Perseverance and Concentration: Do it Now!" Dr. D. H. Beckwith, who is growing younger and handsomer every blessed day—although the family Bible credits him with 82 years—gave some reminiscences of his 52 years as a doctor, out of which there eventually stood two unmistakable finger-posts, namely, that he had never used alcohol, and had never smoked! The

College opens with a fair and enthusiastic class, and the faculty, after its summer's rest, is ready to give its superior and extra best to the several classes.

—William Wood & Co., Medical Publishers, issued a circular letter recently concerning the doubling of subscription of their two journals. Among other modest statements we find the following: "Reading other journals is but a waste of time, as they give you only a rehash of what has appeared in our journals. You, therefore, save time and money by subscribing for," etc., etc. In view of the fact that we do not see a copy of either journal from year's end to year's end, and yet manage to present a fairly interesting journal of our own, it would seem to give the lie direct to this modest hornblower who is doing the hot-air stunts for the *Medical Record*.

—The recent meeting of the British Homeopathic Congress at Harrogate was noted among other things for its unique Presidential address—a résumé of all the spas the President had visited—and the presentation of a magnificent bit of silver to the veteran editor, author, and teacher, Dr. Dyce Brown. The latter occasion must have been unusually impressive judging from the report given in the *British Homeopathic Review*, the actual presentation having been deferred to the banquet at the close of the sessions. Dr. Dyce Brown's response was beautiful and appropriate. A toast was drunk "with acclamation" to two absentees, the Sage at Northampton—Dr. A. C. Clifton—and Dr. Pope, the suggestion coming from Dr. Hawkes, who, as our many readers will remember, was the guest of the Institute when it met in the World's Fair, Chicago. These "patres conscripti" were unable to attend the Congress by "the detaining hand of Anno Domini." To an American, the cause given for the sparse attendance, i. e., "distance," is slightly amusing. What are distances in England? It takes but four hours to run from Liverpool to London. Think of the Americans who came, last year, from San Francisco and Los Angeles, Calif., to Atlantic City—several thousand miles; and the same this year at the Jamestown Exposition at Norfolk, Va. So when our English brethren speak of "distance"—it is to laugh. The Hahnemann Publishing Society (of London) has wound up its affairs and retired from active life: but its works, and they are many, live after them.

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DECEMBER, 1907

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO.

THE term of "dernier ressort" has recently "traipsed" through some one of the many papers which in our Secretarial capacity we have had to gallivant to and through the print-shop into the Transactions, and it reminded us, amusingly, of the use of the expression by an enlightened Professor of Obstetrics in our alma mater. It occurred so often in his written lectures that we on the benches could not but take notice; and as the Professor was not a Frenchman, and knew naught whatever of French pronunciation, and invariably accented the first word, it used to impress several of us students, as if he was mildly swearing at a "durn you resort." But, oh, how he enjoyed using the expression! The lectures of a Professor of Gynecology [Heaven save the mark!] were evidently written in the same caligraphy, and sometimes illegible; so it happened that the students were informed on one occasion that there was a "gum-pectoral" position. You see, of course, how it happened, don't you? The MS. was prepared by pen—not by typewriter—and the penman made his n's and u's exactly alike; so that the Professor (?) in rapidly reading failed to make out "genu," but gave us "gum" instead. And that blamed error pretty nearly cost us, individually, our diploma, for when the Professor's attention was called to the bull, the blame for the discovery was laid at our door, and had it not been for the other, the real Professors, like Campbell, Schott, Kent, Foulon, and Boyd, who came to the rescue, our graduation at that time would have been very problematical. But that was the last whirl of the "durn you," and the "gum-pectoral" Professors. St. Louis became too torrid for them; possibly we helped a little, too, having an Indian memory, and having been put in editorial charge of the homeopathic journal which, after many mutations, has become the present *Clinical Reporter* of St. Louis. We were young then and wrote things in our blithesome, blistering way, which caused our present publishers to look us up, and tender us the edi-

torial chair of the old AMERICAN HOMEOPATHIST. It is often the part of crude wisdom to stick to English, unless, you are, indeed, familiar with the foreign language, and not merely possessed of a few quotations from that list on page 86 of McGuffey's Spelling Book.

* * *

SOMEWHERE, in one of our Exchanges, the *Medical Century* most likely, there appeared recently a mild protest against the reporting of what are currently designated as *Discussions*, following the reading of a medical paper, the reason assigned being that the first half of the Discussion is used to compliment the author most fulsomely, and the remainder to show off a showcase of his own. But as to Discussion, there really and truly was none. The charge is correct, and we fully agree with the unknown writer that for the most part the Discussion following the reading of a paper is a farce, and is not worth the price of reporting it. Another form of this alleged Discussion consists in the *reading* of a Discussion, prepared with the student lamp, typewriter, and library accessories, and which, instead of being a Discussion, is, in fact, another paper on the same subject, and mayhap a little better than the original, with all the juiciness and sparkle of hours of painstaking study and elaboration. Still another form of alleged Discussion consists in totally re-writing the impromptu Discussion, and so mutilating it by additions, footnotes, bibliography, and references, that it loses all semblance of a Discussion, and presents itself as a new and letter-perfect paper. The excuse for this mutilation and changing is usually offered in damning the stenographic report. The stenographers are doubtlessly many times at fault; but a comparison of the Discussion as uncorrected, and as re-written and corrected, clearly shows that the stenographer was not wholly to blame; and it also most clearly shows what a doggoned fine speech we could have made at the time, if our ideas could have been marshalled, and drilled,

and put in apple-pie order, as they were when in the quiet of our library, with a good cigar, we review what we did say, and then change it absolutely from post to stern post. Somebody, sometime, somewhere, called this staircase wit. Has the American lost his underholt on extemporaneous speech? Are we become a slave of the machine—the typewriter? Has all spontaneity left us? Shall this classic and academic dribble and scribble, which in so many instances is returned to the Transactions-preparing offices, as and for a Discussion, represent our capacity for Discussion?

One further and concluding suggestion is the endorsement of one frank member of one of our homeopathic bodies, as follows: "Don't print these remarks; to be frank with you, I only spoke on these various occasions to get the Discussion started, so as not to let a good paper go by default." And yet this man is a fine impromptu speaker, and his remarks were filled with practical points and homely metaphor. Evidently we have ceased to be a speaking nation, and are become a typewriter ridden race.

*The Simillimum. What It Is and How to Find It.**

BY RUDOLPH F. RABE, M. D., HOBOKEN, N. J.

Homeopathy relates to diseases in so far only as it is related to patients ill. It does not cure disease, but cures patients in whom disease is manifested. Disease is a disturbance in the harmony of the orderly progression of physiological processes, whether these be called vital force, normal cell metamorphosis, molecular or ionic vibration, or what not. In accordance with constitutional predispositions, themselves a fundamental diseased state, either sycotic, psoric, or syphilitic, disease disturbs various organs or parts, either functionally, organically, or both. Diagnosis, in the common acceptance of the word, is based upon this resultant disease disturbance, which, until it has so ultimated itself in functional or organic change, cannot be named. A diagnosis presupposes disease location. For example, a certain symptom group, plus the presence of certain physical signs in the chest, well under-

stood by physicians, denotes a pneumonia. The diagnosis of a pneumonic inflammation, however, by no means determines the curative remedy. This granted, the question arises, what then does indicate the necessary specific remedy?

In their provings, drugs produce numerous effects or symptoms, similar to the symptoms and effects of disease. This similarity, by virtue of the law of similars, establishes the true relationship between remedies and disease. Drug symptoms and disease symptoms must be, when similar and actually are, interchangeable. Were this not so, Similia Similibus could have no existence in fact. It follows that the symptoms of a drug, both subjective and objective, wherever the latter have been sufficiently pronounced in the provings, which resemble, not the disease, but the various symptom manifestations, both subjective and objective, of the disease under treatment, most closely, must be the Simillimum in the case. Hence the Simillimum mirrors accurately the individuality of the patient himself and not merely that of his disease. In pneumonia, *e.g.*, in three patients, where the physical signs show the same pathological disease state, one may require bryonia, the second rhus tox., and the third hyoscyamus. Yet all three are victims of the same disease or pathological process. In the differentiation of these remedies, the diagnosis *per se* has nothing to do with the selection of the remedy, the characteristic peculiarities, symptoms, and modalities of the patient himself, however, are the deciding factors. Where a drug has actually produced, pathogenetically, or has many times cured, clinically, a given pathological state, this fact must be included and given its proper valuation in the symptom totality of the patient, but can never in itself be the determining element in the selection of the curative remedy. Therefore, the Simillimum is that remedy whose individual symptom syndrome, objective as well as subjective, corresponds most intimately to the individuality of the sick patient, as expressed by his symptom totality, both objectively and subjectively considered. From this it will be seen that disease *per se*, as a fixed entity or pathological state, has no consideration, so far as the selection of the remedy is concerned.

The consideration of the Simillimum being disposed of its search remains to be considered. How to find this elusive object is a question presented to all. Its answer depends upon many

* Read before the 54th semi-annual meeting of the N. J. State Hom. Med. Soc. at Ocean City, N. J., September 6, 1907

things. Fidelity to the principles of Homeopathy, coupled with a firm belief in their truth, is of the first and highest importance. For from these spring that unbounded enthusiasm which is the means of overcoming all obstacles, no matter how great. Second in importance is a knowledge of *Materia Medica*, this knowledge again being itself dependent upon the reasons advanced in the first proposition. Here, fundamental education at the hands of enthusiastic *Materia Medicists*, capacity and love for study, faithful application, all are weighty attributes. Third, the desire and ability to properly take the case, according to the precepts laid down by Hahnemann in the *Organon*. This means a written anamnesis, brief perhaps, in the acute case and requiring but little time or labor; longer in the chronic case, and frequently requiring much thought and study, but always in the end eminently satisfactory, decidedly helpful, and generally successful. Consequent upon the written symptom history of the case follows the selection of the remedy. Where, from a review of the record, the needed remedy is not apparent, the careful use of the Repertory, that distinguishing hallmark of Hahnemannian Homeopathy, becomes obligatory. To obtain correct results, however, its use must be well understood, for here, as in logic, if false premises are started with, conclusions will be faulty also. In using the repertory, the most characteristic and distinguishing symptom of the patient should be commenced with, and those remedies noted, in whose pathogenesis this symptom is prominently found. It is obvious that the curative remedy must be included in this list. Taking now the remaining characteristic symptoms of the case, comparing them with the parallel rubrics in the repertory, writing down those remedies only which appear in the first list and discarding those which do not, by a process of rapid elimination, the Simillimum in the case is soon arrived at. A reference to the *Materia Medica* itself now confirms the selection and the work is done. Such a record makes future labor easy, often determines the further conduct of the case, and, most important of all, leads to greater success than haphazard routine, keynote prescribing possibly can. To one who employs this method, unhomeopathic measures are unknown, and the pursuit of the Simillimum becomes a fascinating quest.

A few brief examples will suffice to demonstrate the method explained.

Mr. W. L. A. January 5, 1907. Intense neu-

ralgia in l. side of face, infraorbital, under l. ear, at base of neck on l. side, and in l. shoulder extending down arm to elbow. Feels as though collar were too tight. The pain is worse from 9 A.M. until noon; better after dinner, by walking about in the open air and by eating. Is doubtful about amelioration from heat. In the presence of the patient, whose sufferings, though of three months' duration, had now become almost unbearable and had driven him to seek relief, a little rapid repertory work was done. Suffice it to say that no organic cause of the pain could be discovered. Routine prescribing would have indicated *spigelia*, among others. Taking now the marked and peculiar modality of pain worse forenoons, on p. 269 of "Boenninghausen's Therapeutic Pocketbook," we find: *arg. m.*, *bry.*, *cann. s.*, *carbo v.*, *guai.*, *hep.*, *laur.*, *mang.*, *nat. c.*, *nat. m.*, *nux. m.*, *podo.*, *ran. b.*, *rhus t.*, *sabad.*, *sepia*, *sil.*, *spig.*, *stann.*, *staph.*, *sul. ac.*, *sulph.*, *tarax.*, *tever.*, *viol. tri.*

Taking now the striking fact of the entire left-sidedness of the trouble, and omitting those remedies which do not occur under the first rubric as well, we have, on p. 180 of Boenninghausen:

Arg. m., *bry.*, *guai.*, *sepia*, *sil.*, *spig.*, *stann.*, *sulph.*, *tarax.*, *viol. tri.*

Now selecting the striking modality of amelioration by walking in the open air, on p. 321 of the "Pocketbook," we find, again eliminating as before:

Bry., *sepia*, *sulph.*, *tarax.*

And lastly, by selecting the symptom of amelioration after eating, and once more eliminating, on p. 312 we have

Bry. and *sepia*, the latter leading in value.

Sepia was accordingly given and proved to be the Simillimum, by promptly and permanently curing the pain. This brief repertory work saved much suffering, time, and possible humiliating failure on the part of the physician.

A second case, chronic in nature, and in which the needful remedy is not at once apparent, again shows most clearly the practical value of repertory work. Mrs. B. M., age 44. May 28, 1907. Father died at forty of pulmonary phthisis. Four years ago the patient had a pulmonary hemorrhage and thereafter was ill for one year. Five weeks ago hoarseness and a dry cough appeared. Expectoration scanty, difficult to raise, causing her to vomit, mornings. Is cold every morning and remains so until afternoon, when she feels hot and her cheeks grow red (hectic).

No sweats. Attacks of sudden and complete aphonia, coming on at no special time of day. Menses every twenty-six and twenty-seven days, never late, lasting three days and normal in amount. Backache in the lumbar region. She feels very tired, legs are weak and tremble. Burning rawness in chest under sternum and in throat. Feels worse in general in cold and in wet weather. Cannot breathe when lying on the right side, has to lie on left side or on the back. Bowels regular, but appetite poor as a rule. Physical examination shows impaired resonance on percussion over the upper lobe of the left lung, with crepitant and subcrepitant moist râles on auscultation. Sputum in a small green lump of an offensive taste. Ten minutes spent with the repertory, in the presence of the patient, produced the following: Aggravation lying on the right side (characteristic in the case): Kent, p. 1299:

Acon., alum., am. m., anæ., benz. ac., bor., bry., bufo, carbo an., caust., cina. clem., con., ip., kali c., kali i., kreos., lyc., merc., mur. ac., nux v., phos., prun. s., psor., puls., ran. bulb., rumex, seneg., spig., spong., sulph., sul. ac., thuja.

Aggravating in wet weather (also strongly characteristic and personifying the patient herself, not a particular organ or part): Kent, p. 1348—by elimination:

Bor., bry., carbo an., clem., con., ip., kali c., lyc., merc. mur. ac., nux v., phos., puls., ran. bulb., seneg., sulph., thuja.

Green expectoration, Kent, p. 792 (a particular symptom, but peculiar to the case, hence of some importance):

Bor., bry., carbo an., kali c., lyc., merc., nux v., phos., puls., sulph., thuja.

This is narrowed down still further by choosing another important particular symptom, *viz.*, burning in the larynx (Kent, p. 726):

Merc., phos., thuja.

Three remedies are now left, mercurius and phosphorus leading. Now taking the strong modality, aggravating in cold weather or air, we have (Kent, p. 1279):

Phosphorus, easily first, since, although mercurius possesses the modality, it is readily seen to be much less similar to the totality of the case. Accordingly, the former remedy was prescribed, with entire cessation of the symptoms and physical signs at this writing (August 23, 1907). Of course a cure is not claimed, the case being reported in extenso, for the purpose of demonstrat-

ing merely the method employed in its remedial selection.

It would be wearisome to cite further cases, the two mentioned being quite sufficient to prove the simplicity, scientific accuracy, and certainty of repertorial labor.* Such work is taught in but few of our homeopathic colleges, its importance being hardly recognized. Were such methods of finding the Simillimum commonly employed by physicians in our school, the oft-uttered cry, "Homeopathy is dying!" would never be heard.

Based upon an unerring law of nature, Homeopathy, its truths and principles, can never die. The name may disappear, the school, as an organization may crumble, but the essence itself will continue to the end of time.

♦ ♦

Materia Medica Gleanings.

BY M. E. DOUGLASS, M. D., BALTIMORE, MD.

Sabal Serrulatta. Saw Palmetto.—The attention of the profession was called to this palm by Goss and others, from its superior fat-producing properties in animals. It was observed as soon as the berries matured that the animals which fed upon them grew very sleek and fat. Read noticed the marked healthfulness of these animals, and concluded to try the berries as a medicine. As a result he found them to improve digestion, increase the flesh, strength, and weight, and steadily relieve irritation of mucous structures, especially those of the nose and air passages. Subsequent observation has proven the remedy to be a tonic of much power in stimulating the nutrition of the nerve centers, upon and through which it operates. It relieves irritability of the entire nervous system and soothes local irritation. It stimulates digestion, greatly improves the appetite, and encourages assimilation.

It influences the mucous structures of the nose, throat, and bronchi in a remarkable manner, overcoming catarrh and restoring normal function.

The direct influence of this agent is exerted upon the entire *reproductive apparatus*, especially upon the prostate gland of the male. It is useful in *enlarged prostate*, with throbbing, aching, dull pain, discharge of prostatic fluid, at times discharge of mucus, also of a yellowish, watery fluid, with weakened sexual power, *orchialgia*, *epididymitis*, and *orchitis*, when associated with enlarged prostate. In women, *ovarian enlargement*, with tenderness and dull aching pains,

weakened sexual activity, and small, undeveloped *mammary glands*, are much benefited by its continual use.

Dose.—Ten drops to one dram.

It is a sedative to all irritable conditions of these organs, and is a profound nutritive tonic, operating much like phosphorus. It increases the size and secreting power of the mammary glands when they are abnormally small and inactive. It improves the tone, and overcomes irritability of the ovaries, relieving dysmenorrhea when due to atonicity. It may be given with confidence in wasting of the testes in the early stages.

To this agent is ascribed almost miraculous powers in reducing the size of *hypertrophied prostate* in old men, and in quickly relieving cystic and other disorders incident to this condition. It relieves irritation of the bladder to a satisfactory extent, correcting the irritable character of the urine, increases the muscular power of the patient to expel the urine, and produces a sense of relief that is in every way gratifying and satisfactory.

In the treatment of *impotence* in young men who have been excessive in their habits, or have masturbated, it can be relied upon with positiveness. It will overcome excitability from exhaustion and increase sexual power in those newly married who, having been anxious concerning their sexual strength or ability, have become suddenly almost entirely impotent after marriage. If the patient is instructed to abstain, for from four to six weeks, and to have confidence in his ultimate recovery, this agent, in doses of from twenty to thirty drops three or four times daily, will vastly benefit. It will relieve any undue irritation, due to excesses and exhaustion, that may be present in any part of the genito-urinary apparatus.

This agent is a remedy for *sexual neurasthenia* or sexual perversion with nerve exhaustion, a condition often overlooked in diagnosis, but quite common, one which follows onanism more often than any other habit. Its use should be persisted in for weeks, in the treatment of this form of nerve exhaustion.

In its influence upon the *nasal* and *bronchial mucous membranes* this agent has been given with excellent advantage in the treatment of *acute catarrh*, *chronic bronchial coughs* of all characters, including *whooping-cough*, *laryngitis*, and the *cough of phthisis*. It is credited also with cures in the treatment of *aphonia*.

*A Traveling Scholar's Impression of Paris.**

BY DR. OSMOND BODMAN.

I took up my duties as traveling scholar to the British Homeopathic Association in the first week of October 1906, making my way to Paris, where the greater part of my time was to be spent, and there I remained till the beginning of December.

My first impression of medical life in the French capital was that our Parisian colleagues take longer holidays than we do, for regular hospital work and lectures do not commence till November, and at the time of my arrival some of our *confrères* had not yet returned from the two or three months vacation which seems to be their usual lot. However, with the aid of letters of introduction with which I had been furnished, I soon made the acquaintance of several doctors—homeopathic and otherwise—practicing in Paris, and settled down to regular work, as far as the somewhat irregular hours then being kept at the hospitals permitted. My mornings were usually devoted to visits to the various hospitals in which the diseases of children and women were given special attention, these being the subjects appointed by the British Homeopathic Association for study; while the afternoons were largely spent at various clinics, to which, by the kindness of the doctors who conducted them, I had obtained ready admission.

The Homeopathic institutions were also visited; they are three in number, the St. Jacques Hospital in Paris, and the Hahnemann Hospital and Maisson Marguerite at Neuilly, a suburb of Paris. The last-named is a delightful little children's hospital under the care of Dr. Marc Jousset, to which medical cases, infectious as well as non-infectious, are admitted and to which is attached a small out-patient department. This hospital is of quite modern construction and stands in a nice garden; it is at present only one story high, the roof being utilized for fresh air and exercise for the little patients, the windows being arranged so as to command a view of the whole of the roof from the interior of the hospital. It is proposed, when funds allow, to add another story to the building and so increase the number of beds. The beds are arranged in several small wards, each with a separate entrance from the main corridor, though windows in the walls between the wards

* Read before the Western Counties Therapeutic Society at the Bath meeting. Printed in the British Homeopathic Review.

permit of their being easily overlooked; while the disposition of separate wards undoubtedly hinders the dissemination of infectious diseases, which are so frequently a constant source of trouble in children's hospitals. The nursing arrangements are under the very efficient care of a trained matron, who is at all times ready and pleased to show visitors over the pretty little institution of which she is proud to be in charge.

The Hahnemann Hospital, also at Neuilly, is a much older building, possessing twenty-seven beds, with a well-attached out-patient department. This, and the rather larger Hospital of St. Jacques in Paris, are very similar in character, consisting of small and stuffy wards which are mostly occupied by patients who pay a small daily fee, though there are some free beds, with separate rooms for patients who are able to pay for board, nursing, and medical attendance as in a nursing home. The physicians on the staff take their turn in having charge of the hospital, each being in charge for three months in the case of the Hahnemann Hospital, while at the St. Jacques Hospital any doctor may make use of the private wards for his patients, irrespective of his medical beliefs, and I understood that the medical officers in charge of the surgical and special departments were not adherents of our school.

In the case of both of these hospitals, the nursing is carried out by members of religious sisterhoods.

On All Saints' Day, November 1st, the hospitals being closed, in company with many thousands of Parisians I made the pilgrimage to the cemetery of Père Lachaise, this day being set apart to the memory of the dead, and to visiting the graves of departed friends. The object of my visit was, however, not the tomb of any relative or acquaintance who had gone before, but that of the illustrious founder of our system of therapeutics. His resting place lies near a shady walk on the slope of a hill overlooking Paris and near the center of the great cemetery, being surmounted by a handsome granite memorial and adorned with a bronze bust of the honored dead. "He being dead yet speaketh," through the works which express the result of his unrelenting toil, ceaseless investigation, and long-continued labors in the cause of medical science, of which he was for so long the ornament, only at last to find an unhonored grave in the scene of his last labors; an oblivion from which some of his faithful followers have, to their lasting credit, rescued the

remains of the master, as the fine monument above mentioned testifies.

Could Hahnemann revisit, at the present day, the city where the closing days of his strenuous life were passed, I fear he would not look with satisfaction at the changes which sixty-four years have produced in the practice of many of his professed followers, and though their members no doubt have increased several of them are really eclectics.

I attended one of the monthly meetings of the Homeopathic Society in Paris and heard two good papers upon the action of the *salts of barium*, read respectively by Dr. Cartier, the President of the Society, and by Dr. Leon Vannier, one of their latest yet most enthusiastic recruits.

I will now detail some of the more interesting methods and cases seen, and impressions gained in the hospitals and clinics of Paris.

In these days, when so much attention is being paid to the feeding of infants, I found the methods employed by Professor Budin at the Clinique Tarnier of great interest. The women come into the hospital a day or two before the expected date of accouchement, and are provided with sterilized clothing, and no one is permitted to enter the wards unless enveloped in white garments, the Professor himself being clothed in white cap, long white coat, and white trousers. During their stay in hospital, the children are weighed daily and the mother's milk is analyzed, any error in the composition of the milk being corrected by a suitable dietary. On leaving the wards, the children are furnished with a card, upon which is inscribed the weight at birth, and at the time of discharge, and they attend every week for the first few months and then at less frequent intervals. At each visit the babies are inspected and weighed, the weight being written on the card and marked on a chart; they are then taken in to see Professor Budin, who makes any change in the feeding that may be necessary, and, in the case of bottle-fed infants, orders the appropriate dietary; at the same time giving the mothers any necessary advice, and this with considerable force and point when needed. This consultation it attended by a considerable number of students and graduates, to whom interesting cases are pointed out, and much valuable information given. After receiving the milk prescription, the mothers go to the dairy attached to the hospital, where they are supplied with milk, milk and water, and also, for older children, packets of flour, to be added to the

milk in stated quantities. The milk mixture is supplied sterilized, in sealed bottles, each containing sufficient for one meal and also an inverted sterilized teat, so that the container is used as a feeding bottle also.

The principal children's hospital, l'Hôpital des Enfants Malades, contains over seven hundred beds, and consists of a number of buildings scattered over a large area of ground, and including the special departments and blocks for infectious diseases, cubicles formed by glass screens being provided for doubtful cases. In one *service* these screens do not extend up to the ceiling or down to the floor, the physician in charge holding the view that micro-organisms are scarcely ever found in the upper and lower strata of the air of a room.

In diphtheria tracheotomy is rarely practiced, intubation being generally performed in preference. There is a very good orthopedic department to this hospital, under the charge of Professor Kirrison, at which many interesting and instructive cases were seen. Here, and in other hospitals and clinics, several cases of congenital dislocation of the hip joint were seen which had been treated by the bloodless operation, and in some instances with remarkably good results. X-ray photographs are taken whenever necessary, and the negatives brought in for inspection within a few minutes.

I also visited Professor Pozzi's gynecological wards at the Broca Hospital, which are in a pavilion that has been built for his patients, and is adorned with fine mural paintings. The pavilion contains beside the wards, two operating theaters for septic and aseptic cases, and here again no one may enter without the allotted garment, all, however distinguished, being reduced to the common democracy of the white *blouse*. Aseptic operations are conducted with the strictest ritual, no one but the operator, assistants and anesthetist, who are entirely enveloped in white except the nose and eyes, being allowed on the floor of the theater; not even the nurses being permitted to approach. In a separate building are the out-patient department and pathological laboratory, of which Dr. Jayle has charge. The dorsal position for examination is always employed, examination chairs or tables with foot-rests being used, by which the patient's thighs are maintained in a position of flexion and abduction, and rubber gloves are worn. The large Foundling Hospital under the care of the Paris Municipality was also visited, the sick children being

accommodated in well-arranged wards, with every modern convenience, in charge of which are one of the best children's physicians in Paris, and an equally eminent surgeon. This latter, M. Jalaguier, claims to have been the first to operate in rubber gloves, but now reserves them for septic cases and out-patient work. Here a case of septicemia was seen, following that usually trivial complaint—impetigo, and in another hospital a case of nephritis was seen after the same disease.

At the Trousseau Hospital for children, which has recently been rebuilt, many interesting cases were also kindly shown me by Dr. Guinon. He believes in the existence of a para-typhoid fever, in which the symptoms may closely resemble enteric, though there is no definite type, being caused by various bacilli analogous to the bacillus typhosus. The crèche at this hospital is of special interest, the cots being separated by glass screens and strict precautions taken to prevent the spread of infantile diarrhea or other communicable diseases; there are also small wards for mother and child for cases in which it is desirable that the mother should continue to nurse her child. Sterilized milk is the staple nourishment at all the children's hospitals, but humanized milk, butter-milk (sometimes thickened with flour), rice water and milk, vegetable broth, and as a rest diet sweetened sterilized water, are also employed, and in addition, rectal injections of saline solution. One cannot but be struck by the helplessness of the treatment adopted, baths for broncho-pneumonia, compresses for chorea, and so on, no medicinal treatment being attempted in many diseases, though it is a question whether this is not better than the overdosing with a multitude of drugs which was formerly in vogue.

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Perityphlitis.

BY DR. GISEVIUS, BERLIN.

At the meeting of the German Homeopathic Society Dr. Hoffman of Brunswick introduced the discussion of this disease. It has occurred with inexplicable frequency of late all over Germany, and quite recently a special committee have sent round a circular letter to all Berlin medical men with a request for particulars of all cases occurring in their practices, in order to throw light, if possible, upon many obscure points in relation to the malady.

In the discussion which followed no less than

twenty speakers joined. Most of these dealt first of all with the question: When should we operate? and the consensus of opinion was the following: Immediate operation on the first indications affords brilliant results, though several speakers were united in thinking that homeopathic treatment also gave such good results, that we ought to undertake it in every case which presented no special peculiarities. According to the experience of Dr. Schwarz in the Lichterfeld Hospital, the favorable time for early operation only lasts about forty-eight hours; after this we should do well to wait until special indications for operation presented themselves. In opposition to Dr. Kubasta, of Vienna, Schwarz affirmed that there was unfortunately no certain pathognomonic sign of the danger of pending perforation. As an aid to a diagnosis, Schwarz drew attention to the fact that the pain was often relieved by deep pressure and reappeared on withdrawing the same, exactly the opposite of what is met with in abdominal neuralgias. All the speakers claimed striking results. Hoffmann recorded 500 cases with a steadily diminishing mortality, whilst Kröner, of Potsdam, with a similar number of cases recorded only three deaths, one being after operation. The writer has had 200 cases without a single death, three only being subjected to operation on account of persistent relapses. The speakers were in accord as to the beneficial effects of hot fomentations, but intestinal washing out was deprecated. (The writer gives high injections of olive oil to his cases daily.) Concerning the homeopathic side of the treatment there was almost complete unanimity. At the commencement when severe painfulness was present *bella-donna* and then *bryonia* were recommended, the latter especially when peritoneal irritation was present. Schwarz gives the remedy in the lowest potencies, in order to strengthen the efforts of the peritoneum to protect itself. Sauer, of Breslau, said he had been obliged to suspend the use of *bryonia* in one case because it increased the pains, but Schwarz regards this as a favorable drug effect. Where much exudation was present all were at one in recommending *mercurius corrosivus*. Schwarz specially recommended *sulphur*, and made the interesting observation (supported by numerous temporary charts) that after low doses of *sulphur* notable rises of temperature uniformly followed so long as pus was present. The writer can also confirm this pyrogenetic effect of *sulphur*; also that it is the most import-

ant drug for promoting absorption. *Echinacea* (in septic cases), *nux* and *opium* were also referred to. In the way of prophylactic treatment, especially dietetic, Hartung made some valuable remarks. He emphasized the noxious effects of intestinal toxines, and in predisposed subjects recommended a *regimen* which should stimulate the intestine. Some interesting facts were adduced concerning the occurrence of perityphlitis in families, which spoke for either the contagiousness or the transmissibility of the disease. The writer knows a family in which both parents had the appendix removed. On reaching their fifteenth year, all the children sickened successively with perityphlitis. After removal of the appendix the children, who had previously been very thin, increased enormously in weight.

During the above discussion the brilliant effects of antipsoric remedies, especially of *tuberculin*, were brought prominently forward, as well as the fact that children after its use improved rapidly in condition.



Those Nine Frogs More or Less.

BY DE WITT G. WILCOX, M. D., BUFFALO, N. Y.

With surprising regularity there appears in the public press ever and anon a startling item of news about some agonized sufferer, who, almost dying with thirst, drank a few odd quarts of water from some old spring, artesian well or isolated frog pond. Later, usually a year or more, the sufferer suddenly discovers that he has "got 'em." He does not "see 'em" like a regular orthodox whisky "D. T.," whose statement we can always rely upon but he "feels 'em." He at once announces to the world that he has something alive in his stomach. He knows he has 'cause he can feel it playing tag with his liver or trying to snap the whip with his truant appendix. Then the fun begins:

As a usual thing the patient has not undergone a full preparatory training for housing and boarding live reptiles in his stomach and the sudden turning of his heretofore quiet and orderly "innerds" into a full-grown menagerie occasions him a little worry of mind and a few gastric gymnastics. For instance, when the victim of the frog pond sits down to sing the baby to sleep, the frog sets up such a loud croaking that the baby cannot be quieted. But in our pity for the victim, we must not forget the poor frog. If he has

happened to be swallowed by a "hard drinker," he is a lucky frog, for then he has liquid galore to sport in and something to keep up his "spirits." Maybe his host is a periodic drinker and only gets filled up once a month. But, of course, frogs which will persist in getting into men's stomachs must take their chances on occasionally striking such a stomach or even falling in with a prohibitionist.

Again, frogs (that is, real frogs) enjoy fresh air; in fact, to stay alive with any regularity they must have it. Now, it seems like cruelty to animals for a man to shut up an innocent frog, in his stomach, and ask it to live there, singing every night and looking pleasant daytimes, without giving him a bit of fresh air. You know Jonah only stayed in the whale's stomach three days and then had to come up, 'cause Jonah was a good man and you cannot keep a good man down. But there's a poor frog without any social standing, suffering the stigma of being an ante-bellum greenback, shut up without a bit of fresh air, no food, and not room enough to jump his board bill. Of course, some frogs might have the sagacity to "fall in" with a man who had frequent attacks of "wind on his stomach," and thus get air, although of a questionable quality.

Then too, frogs enjoy something to eat occasionally. Here again, comes in the cruelty. You cannot expect a frog who has been brought up on flies, worms, bugs and lily pads, to suddenly swear off and live on beefsteak, mince pie, rarebit, and pigs' feet. He cannot do it and keep his voice.

But I have reserved for the last the cruelest part of this whole thing and when you see it as I do you will agree with me that Gov. Hughes should appoint a commission with a power and put an end to this frog, snake, and lizard swallowing business, and incidentally to the newspapers which publish these shocking barbarities to innocent animals.

You know a man's stomach is made to digest most everything, except nails, glass, and lignum vitæ. Now, as frogs, snakes, and lizards have none of those elements in their makeup, they run a tremendous risk, when swallowed alive, of getting digested just the same as beefsteak. Why, such a situation is a greater risk to those little reptiles than it would be for a baby to go into a den of lions. But I suppose, Mr. Editor, you assume, as you have the right, that the man who is so inhuman as to swallow a pretty little green-

backed frog has his stomach so arranged that when digestion begins, the frog and other digestible animals can be sort of side-tracked into a cyclone cellar, where they can remain secure until the danger of digestion has passed over; then come out and play leap-frog until the next whirlwind of digestion comes on.

By the way, Mr. Editor, I almost forgot to suggest a little experiment, which while it may spoil the frog will help science. Suppose you take an ordinary drinking glass, place therein a mixture which any chemist will prepare for you, consisting of water, hydrochloric acid, pepsin, pancreatin, etc. (You can get this all at a drug-store). Now, put a live frog, snake, lizard (or hippopotamus, if you can get sufficient of the mixture and a receptacle) into the fluid, which is in fact an artificial gastric juice, such as the stomach manufactures for every meal it digests. Then seal the top of the glass down close and take a few hours off to see what becomes of the menagerie. In about ten hours or more, the live animal will be pulp or jelly, rendered so by the gastric juice.

A stomach which will digest steer's muscles (beefsteak), calf's brain, sheep's kidney, cow's liver, pigsfeet and oxtail ought to be ashamed of itself to balk at a little weeny tender frog, and soldier on the job six months. Really don't you think so too?

Now, dear Mr. Editor, the next time you are tempted to make a grab for the shears and clip something about a man who swallowed nine frogs six months ago and can count each one as it jumps and croaks in his stomach, just try the little experiment mentioned, to make sure you are not getting "buncoed."—*Buffalo Evening News.*

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Prayer of a Physician before Visiting his Patients.

All-merciful God! Thou hast formed *man's body with infinite* wisdom. Thou hast combined in him tens of thousands of instruments which are continually busy to preserve and sustain this beautiful whole, the garment of an immortal spirit. They are constantly and silently in motion, full of order and harmony. But if this harmony should have been disturbed in consequence of the perishable nature of the tissues, by accident, or through the uncontrolled fury of the passions, it is then that the body is reduced again

to its original elements. But it is then also that Thou sendest unto man the benevolent messenger, disease, that proclaims to him the approaching danger and impels him to escape from it in time.

Thy earth, Thy rivers, Thy mountains have been filled by Thee with remedial agents capable of alleviating the sufferings of Thy creatures and of preventing their destruction, *provided Thy holy providence permit.*

And Thou hast imparted unto man the power to analyze the human body, to study its functions both in harmony or disorder, to fetch the remedial agents from their secret recesses, to investigate their curative virtues, and to adapt them, each in particular, to their curative purposes.

I have been appointed by Thy eternal providence, to watch over the life and health of Thy creatures. I am now preparing for the exercise of my calling. Aid me in my purpose, all-merciful God, for without Thy aid man cannot succeed in anything.

Grant that I may be animated by the love of art and of Thy creatures. Grant that a sick person may never appear to me in any other light than that of a suffering fellow being. Thou createst man, and preservest him from no other motive than because he is *Thy creature*, be he rich or poor, good or bad.

Keep my mind sound and unbiased, in order that it may correctly interpret perceptible phenomena, and not reason fallaciously in regard to the unseen features of the disease. Grant that my mind may never overlook that which ought to be seen, nor that it may ever pretend to see things which do not exist. In the art of curing the boundary between truth and sophism is oftentimes scarcely perceptible.

Grant that my patients may have confidence in me and my art, and may follow my instructions with punctuality and make my mind willing to accept the advice of wiser physicians than I am. For the boundaries of art are immense and nobody sees everything. But, if fools should censure me, then let my mind, regardless of age or of the distinction they may enjoy in the world, remain insensible to their blame, let it firmly adhere to what it believes to be true.

Grant that I may be content with everything, except with the knowledge I possess of my art. May I ever recoil with horror from the thought that I know everything! Give me the strength, leisure, desire, and opportunity to improve my knowledge unceasingly. The realm of art is

boundless, and man's mind admits of an endless expansion.

All-merciful God, be ever with one whom Thou hast appointed to watch over the life of Thy creatures.

♦ ♦

Surgical After Treatment in Homeopathy.

BY P. C. MAJUMDAR, M. D.

Some among our own rank can seldom realize what an immense boon has been conferred upon us by the illustrious genius of Samuel Hahnemann. Manual surgery has done a rapid stride in the profession in both the new and old schools. As far as instrumental aid is concerned, both are in the same level but with regard to the preparatory measures and the after treatment homeopathy gains the laurel.

The reason is obvious enough. Homeopathy recognizes the dynamic origin of the disease. Derangement of the vital force is considered the cause of the disease; so in all surgical matters where homeopathic remedies are given much more benefit is derived.

This is not a matter of speculative assertion. We have repeatedly observed how beautifully the healing process goes on—so rapidly it takes place that every careful observer frankly acknowledges the superiority of homeopathy over all other systems of medicine.

An operation is performed where it is absolutely necessary and if it is followed by appropriate homeopathic medication the cure is speedy and permanent. In many cases of surgical operation, the patient is rather psoric or syphilitic; there without any antipsoric or antisiphilitic medication permanent cure is out of the question. Of course other systems pretend to give constitutional remedies but they are of doubtful value and as they are principally of uncertain action upon the suffering individual, they are worthless.

It is often said against homeopathy in surgical procedure that in cases of hemorrhage, shock and other surgical accidents such a minute dose of homeopathic medicine is not sufficient. This is a mere assertion without any foundation in fact. We have very often witnessed the marvellous efficacy of our remedies in checking alarming hemorrhages, warding off speedily the effects of shock and nervous prostration and bringing the patient back from the very verge of death.

Even in such cases as fractures of bones

homeopathic medicine can do wonders. It has the effect of speedily uniting the broken ends of fractured bones and regulating the plastic material for their firm union. We have known cases where union is faulty, remedies have been brought into requisition for correcting it. Pyemia, septicemia, and other untoward conditions attendant upon surgical procedure are unknown under homeopathic treatment. The after treatment of operation is so beautiful that these things cannot take place. Our calendula is the king of the antiseptics. I know of a case of gangrene of the scrotum under allopathic treatment, where the stinking odor from the diseased parts was simply unbearable and many things were used without much effect. I washed the parts with calendula lotion and the fetid odor disappeared soon.—*Indian Homeo. Review.*



The Action of Lime Salts on the Heart.

Our allopathic friends are now busy in ascertaining the action of various medicines which have been long in use by the new school of medicine. Here we have a specimen in question. The Paris correspondent of the *Lancet* has the following remarks on the action of lime salts on the heart.

Some experiments described by M. Leopar and M. Boveri at a meeting of the Society of Biology, serve to confirm the well-known opinion that salts of lime exercise an exciting effect on the cardiac muscle. They say chloride of calcium increases the arterial pressure and slowing of heart's action. If chloride of calcium or carbonate or phosphate of calcium is given to rabbits with their food, they produce hypertrophy of the heart.

This is no new discovery to homeopaths. They not only know that they produce hypertrophy but also that in proper indications and minute doses, these salts cure such pathological cases.—*Indian Homeo. Review.*



Dr. Bullard's Health Commandments.

1. Thou shalt have no other food than at meal time.

2. Thou shalt not make unto thee any pies or put into pastry the likeness of anything that is in the heavens above or in the waters under the earth. Thou shalt not attempt to eat it or try

to digest it. For the dyspepsia will be visited upon the children to the third and fourth generation of them that eat pie, and long life and vigor upon those that live prudently and keep the laws of health.

3. Remember thy bread to bake it well; for he will not be kept sound that eateth his bread as dough.

4. Thou shalt not indulge sorrow or borrow anxiety in vain.

5. Six days shalt thou wash and keep thyself clean and the seventh thou shalt take a great bath, thou and thy son, thy daughter, and thy maid-servant and the stranger that is within thy gates. For in six days man sweats and gathers filth and bacteria enough for disease; whereupon the Lord has blessed the bathtub and hallowed it.

6. Remember thy sitting room and bed chamber to keep them ventilated, and thy days may be long in the land.

7. Thou shalt not eat hot biscuits.

8. Thou shalt not eat thy meat fried.

9. Thou shalt not swallow thy food unchewed, or highly spiced, or just before hard work, or just after it.

10. Thou shalt not keep late hours in thy neighbor's house, nor with thy neighbor's wife, nor his manservant, nor his maidservant, nor his cards, nor his glass, nor with anything that is thy neighbor's.

These things done, thou shalt not when sick fail to go straightway to thy physician, lest by neglect, thy end draw near, and thy countenance be seen no more on earth forever.



X-Scientist Gets Thirty Days.

Clarence W. Byrne of New York, the Christian Scientist who permitted his six-year-old daughter Violet to die of pneumonia without medical attendance, was sentenced to thirty days in the City Prison in the Court of Special Sessions.

Justices McKean, Deuel, and Mayo imposed sentence, and at the same time handed down a lengthy decision. In it they said that the case was of unusual importance, and that there was no question as to the facts, the defendant having admitted on the stand that he had no faith in medical attendance, would as soon have a rattlesnake in his home as a physician, and that he had caused the child to be treated by Christian Science methods.—*Globe.*



The Medical Library

By O B SERVER

The Functions of Food in the Body.

Dr. Rabagliati of Bradford discusses the question of the source of bodily energy and heat. In opposition to views widely held, Dr. Rabagliati contends that the work done by the body, and probably also the heat of the body, do not depend on the food assimilated, whose sole function is to repair waste, but are instead drawn from "the unlimited stores of energy in which we live, move, and have our being." Of the ultimate source of vital energy, or bio-dynamic as he prefers to name it, he confesses his ignorance, but he thinks that we draw on these stores not from the dining-room but from or through sleep. "It is during sleep," he says, "it seems to me that our bodies charge or are charged with the vital energy or bio-dynamic, which seems to me to be the immediate efficient cause of the work done through the body."

Dr. Rabagliati, who for many years has been convinced that man habitually, and to his own serious detriment, eats too much, seeks to prove the inadequacy of the theory that food is the fount of bodily energy from observations on fasting people. The author attempts to show that in these people the tissue consumption, as evidenced by bodily waste, was quite insufficient to provide merely the 2,000 calories per diem which even a starving man is stated to emit in the form of heat loss; that is, "if it is not assumed that a man's [living] general tissues will have a greater calorie value than an equal weight of [dead] bovine tissue." The words in brackets are our own, and indicate a weak spot in Dr. Rabagliati's inferences from his observations, and at the same time the insoluble riddle of the whole matter, the secret of life.

Regarding the essay as a whole, there appear to be several places in which the author's position is inconsistent with his platform of idealistic monism, and in discussing nervous energy and heat he leaves so much out of account that he cannot be said to attack the problem, but only to affirm his own views. Nevertheless, assuming that Spencer was right in saying that the "trans-

formation of ethereal undulations into certain molecular rearrangements of an unstable kind, on the overthrow of which the stored-up forces are liberated in new forms, is a process that underlies all organic phenomena," the question is still left open whether these molecular rearrangements may not be effected directly by so far unrecognized activities as well as through the recognized channels. Dr. Rabagliati's pamphlet is original and thoughtful, and is a too rare endeavor to relate everyday phenomena to what appear to be fundamental truths. It is to be remembered, however, that these same fundamentals are really abstract concepts, and that the term "energy" is an abstraction, a convenient and, within limits, valid abstraction, from certain material changes which fall within our experience. Truth is a two-edged sword, and this consideration cuts two ways—on the one hand, against those who, thinking largely in abstract terms, are too prone to endow these abstractions with concrete attributes—we may take as an instance the author's "synoidal-anthropino-bio-dynamic"—and thus artificially exclude other unknown but possible factors; and, on the other hand, against those with whom Dr. Rabagliati principally finds fault, who believe only in that which can be weighed in the chemist's balance. Whilst, therefore, we cannot accept Dr. Rabagliati's conclusions as anything but interesting philosophical speculations on what is conveniently termed "vital energy," we would deprecate any offhand dismissal of the idea that the working power of the living organism may be recruited not only indirectly through ingested and inspired material, but also directly from solar and terrestrial activities. Remembering the influence of solar rays upon the chlorophyll of plants, the recent discoveries in the phenomena of radio-activity, and still further bearing in mind that in all probability the difference between the high and low tides of working power is merely one of molecular redistribution, he will be a bold man who will deny this possibility; but from whence is the proof forthcoming?

Atmokaussis und Zestokaussis.

Dr. Ludwig Pincus, unlike the Moor of Venice, knows how to grace his cause in speaking for himself. Atmokaussis and zestokaussis represent his cause, the subject with which his name is universally associated. A complete essay on steam cauterization of the uterus has been a desideratum for several years, and for the author of such an essay the medical public desired Dr. Pincus. There is no padding about Hippocrates, Ambroise Paré, and the immortal Hunter, but the author begins with that not very remote era, 1894 to 1899, which beheld the development of vaporization into typical atmokaussis and zestokaussis.

The general medical public are somewhat reticent about one very essential question, a matter of mere terminology, it is true, but we naturally like to be able to explain new names when desired to do so. After careful perusal of page 55 in this treatise readers will be able to hear the specialist talk about atmokaussis and zestokaussis without dread of being asked what they signify. Dr. Pincus, in short, tells us what the words mean; he rejoices us by giving Kossmann the credit of rejecting the *vox hybrida* of "vapocauterization" and applying to cauterization of the uterus by steam the name "atmokaussis." The application of a hollow sound filled with scalding steam was termed by him "zestokaussis." Pincus chivalrously gives full credit to Kossmann, whose terminology, he takes care to note, has been universally adopted. Feeling sure which is which the medical public will be in a better position to judge of their relative merits, and of the advantages of the entire system of steam cauterization. Dr. Pincus's directions about technique and the application of the cauteries will be judged with respect, and studied with interest. No doubt his plea in favor of a very wide extension of his method will meet with much adverse criticism, for the recognized advocate of a new practice is of necessity prejudiced in its favor. The chief objection to the entire method is that its application is difficult, demanding great previous experience in gynecology, and much practice, only to be carried out in hospitals and nursing homes. Hence its supporters consider that it is unsuited for the general practitioner, who, on the other hand, can confidently point out that he has made use, with the best results, of far simpler and cheaper methods in intrauterine medication.

Again we must all feel sceptical about the treatment of bleeding fibroids by steam cauteries.

It is significant that the author stigmatizes Apostoli's treatment as tedious and likely to fail, but the advocates of electricity said much the same of earlier methods of treatment in this type of disease.

The strongest point raised by experts against the steam treatment is that its apparent advantages seem most marked, as is usually the case with new methods, in those maladies which are clinically and pathologically the least clearly defined, such as the non-typical hemorrhages associated with menstruation, endometritis, and so forth, independent of new growths, innocent and malignant. Possibly the steam may by destroying germs and morbid tissue protect the parts from the development of graver maladies.

Dr. Macnaughton Jones has recently spoken of the method with more favor than has hitherto been accorded, yet he cannot think that it is superior to the curette properly used.

The Century in 1908.

A new novel by Dr. S. Weir Mitchell, best known and, perhaps, widest read of all American writers of fiction to-day, will be a strong fiction feature of *The Century* in 1908. "The Red City" is its title, and it is an historical novel of Philadelphia in the time of President Washington, a mate to Dr. Mitchell's famous "Hugh Wynne." It is the romance of a Huguenot *émigré* whose father has been wantonly killed at Avignon by the Revolutionists, and who comes with his widowed mother to Philadelphia. There he falls in love with a young Quakeress, goes into the employ of Hugh Wynne, comes in contact with Jefferson, Hamilton, and other public men; also with a mysterious German and with Aunt Gainor, who figured so largely in the "Hugh Wynne" novel. In it there is a remarkable account of the great plague in Philadelphia and the hero becomes mixed up in cabinet intrigues at a time when the warring English and French factions were embarrassing the President. The story is a true and valuable picture of the time of Washington's presidency, and has to do with him personally. It is strikingly illustrated by Keller.

St. Nicholas in 1908.

The new volume of *St. Nicholas* is to have a richer store of stories, long and short, than ever—"The Gentle Interference of Bab," to run through several months, by the author of "From Sioux to Susan" and "Fritzi," Agnes McClelland Daulton; another of Mrs. Frances Hodgson Burnett's "Queen Silver-Bell" fairy tales, "A Spring Cleaning Story"; and short stories by Elaine Goodale Eastman, B. J. Daskam, Rebecca Harding Davis, Temple Bailey, Capt. Harold Hammond, the author of "Pinkey Perkins," and scores of other friends of young readers.

TOPICS OF THE HOUR

The Institute Transactions.

Notwithstanding our most strenuous efforts the Transactions will be a little late in appearing. Among other and principal causes, which we will not dilate upon now, is the financial panic, which played havoc with printing establishments as well as with automobile factories, and other commercial concerns employing much labor; and who by reason of the scarcity of money, have been obliged to lay off most of their workmen; while many of the shops have closed their works entirely. However, the Transactions are every whit in type, ready to be run off, and passed into the bindery. Therefore, we crave the indulgence of the Institute for what was not really the fault of its Secretary.

♦ ♦

A Kindergarten Effort.

Some little time ago, during the summer months, there reached us by mail, a roughly done up parcel which contained two bottles of —plasm. In the same mail came a letter, the address on the envelope and the letter being printed with pen and ink and anonymous. It said that the writer knew us very well, and because of many services rendered these two bottles were sent us, feeling confident that if they were taken faithfully according to printed directions, we would in due time be again perfectly well! Kind, wasn't it? But we didn't bite. It wasn't our silly season. Six weeks, or such matter, afterward another letter came in the same kindergarten handwriting asking if the —plasm had helped us to our feet; that if it had done us good would we please address a frankly admitted fictitious name, when the writer would disclose his (or her) identity. But not otherwise. Still we failed to bite. This kindergarten agent, avowedly knowing us and our address, certainly needed no letter to state our physical condition. No, we didn't swallow bait, hook, and sinker. That has been some months since. And we are wondering why the next "follow-up" letter hasn't reached us with the bill for two bottles of —plasm.

Wasn't it a pretty clever game on the part of this —plasm Company in order to find another purchaser for their fake tablets, which, according to the closely-printed circular enveloping the bottles, CURES everything from chilblains to locomotor ataxia—especially locomotor. We are informed by those better posted that this —plasm Company has an agent, usually a woman, who watches out for just such cases as ours apparently was, and then goes after it with this kindergarten caligraphy, pretended sympathy, love, and gratitude for former services. Really, isn't it a good

deal like carrying coal to Newcastle to send anonymously fake patent medicine to a practising physician, one presumably familiar with medical practice, and professionally and diametrically averse to all patents? If we do not receive that third "follow-up" letter, inclosing bill, we will be ahead two bottles of —plasm, and some poor sufferer from locomotor ataxia will have to keep on locomotoring, because we have his two bottles of —plasm. We regret this exceedingly, for every medical man of any erudition or with the faintest trace of honesty in his moral make-up, knows that locomotor ataxia is incurable, except by Christian Science, and this marvelous fake tablet uttered by this —plasm Company, with its kindergarten female agents. If or when that long-delayed third letter comes inclosing bill, we promise to print and publish both letter and bill with the name of the Company in full. Meantime, what shall we do with these —plasm tablets?

♦ ♦

Conference of Councils on Medical Education.

A meeting of representatives of the Councils on Medical Education of the American Institute of Homeopathy, the National Eclectic Association, and the American Medical Association was held in the Auditorium Hotel, Chicago, on October 25th.

There were present Dr. A. D. Bevan, Chairman, and Dr. N. P. Colwell, Secretary of the Council of the A. M. A., both of Chicago; Dr. E. B. Shewman, Vice-Chairman, of Waymansville, Ind., and Dr. W. N. Mundy, of Forest, Ohio, Secretary of the Council of the N. E. M. A.; Dr. George Royal, Des Moines, Iowa, Chairman, and Dr. W. A. Dewey, Secretary of the Council of the A. I. H. Among visitors present were Dr. W. P. Best, of Indianapolis, Secretary of the National Eclectic Medical Association; Drs. Shears, Haseltine, Robinson, and Pollack, of Chicago.

Upon motion of Dr. Bevan, Dr. George Royal was appointed Chairman of the meeting and Dr. N. P. Colwell, Secretary.

Four hours or more were spent in discussing the problems of raising the standards and unifying the requirements of medical education and providing for a schedule for inspection of colleges. Perfect harmony and good feeling prevailed.

After some preliminary remarks by Chairman Royal and Dr. Bevan upon the desirability of united action in the work in hand, Dr. Bevan made a motion that efforts be made throughout the states to secure a committee in each to co-

operate with us and the medical examining boards to unify the standards of entrance requirements and curricula, so as to secure proper medical education and higher medical standards. This was carried unanimously.

A letter was read from President Baxter, of the Ohio State Board of Medical Examiners, the substance of which was as follows: That the State Board of Medical Examiners, being responsible for medical education in its own state, would not take any action except on first-hand information. As the colleges would be annoyed by frequent inspections from the different bodies, the Board invited representatives from each of the three national Councils to join it in making the inspection. The reasons given for this action was not only the foregoing, namely, to avoid frequent examinations, but that the Board of Medical Examiners and the representatives of the different Councils would be able to secure their information at the same time and under the same conditions. This action of the Ohio Board met with instant favor on account of its impartiality and fairness, and Dr. Dewey moved, seconded by Dr. Bevan, that the Examining Boards of all the other states be asked to adopt the same methods. Unanimously carried.

In regard to standards of minimum requirements for college inspection, after careful discussion, Dr. Bevan moved, seconded by Dr. Shewman, that the Secretaries of the three Councils on Medical Education be authorized to prepare a schedule to be submitted to the different Councils and Boards of Examiners. Unanimously carried.

Dr. Best, Secretary of the National Eclectic Medical Association, in a few well-chosen remarks suggested that inasmuch as the old school had without question done much for the advancement of original research in pathology, bacteriology, and allied sciences, the homeopathic school had also done much in the study and development of drug pathogenesis and the eclectic school in therapeutic research, that the work of all three schools be considered in the promotion of general medical interests. The meeting was then adjourned, and the feeling prevailed that it was a most successful and important gathering for the elevation of medical education in this country.

• • *Opsonins.*

The opsonic principle is at once startling, ingenious, and interesting. Many of our readers who are not skilled in the latest advancement of the science, have found difficulty in understanding the meaning of many articles that have appeared upon this subject. In the following explanation an attempt is made to briefly express the theory in easily understandable terms.

It is well known that white corpuscles—the leucocytes—have been credited with the function of resisting disease. In other words, the leu-

cocytes constitute an army of defense. It has been demonstrated that these white corpuscles either neutralize or consume the disease-producing elements which invade the body, by digesting them or otherwise rendering them harmless.

In their capacity of destroyers and consumers of disease germs, the leucocytes are described as phagocytes. The act or process of consumption or destruction of invading organisms by phagocytes, is known as phagocytosis.

For many years it remained a mystery why the phagocytes sometimes failed to perform their work, but it was afterwards found that by vaccination, properties could be introduced into the blood, by virtue of which the leucocytes were stimulated and encouraged to consume the invading bacteria.

An eminent English pathologist, Dr. A. Edward Wright, found that besides the phagocytes, another element was necessary to the destruction of microbes. He discovered that the leucocytes could not do their work unless stimulated. He discovered that there exists in the blood serum, a substance whose work it is to stimulate the white corpuscles. This substance does not act directly on the corpuscles, but unites them with micro-organisms, in other words, the invading germs, rendering them more palatable, so to speak, than the white corpuscles. To this stimulating or appetizing substance has been given the name "opsonin," which literally means a particle rendered edible.

The opsonins then are the minute substances in the blood serum which unite with the invading disease germs and make them inviting to the phagocytes, whose work is to consume them.

Opsonins are present in all normal blood. The disease-resisting power of a man depends upon their presence. If opsonins are present in insufficient numbers the phagocytes are torpid, phagocytosis lags, and disease establishes itself. This at once suggests the theory that if it is possible to increase the proportion of opsonins in the blood, the natural flow will suffice successfully to resist the ravages of the destructive organism.

Wright and others have shown that opsonins accompany and cling to the organisms whose destruction they encompass—appropriate opsonins to each variety of organisms. That is to say, a patient may have a normal quantity of opsonins necessary to resist tuberculosis, but these will not avail him against a boil if he is deficient in staphylococci opsonins.

Wright was able to prepare a vaccine of many varieties of opsonins. The opsonins of Wright are prepared from cultures taken from the wound, or the discharge of the particular disease under consideration, and often from the patient himself. In crude phraseology it may be said that the opsonins for a disease are the cooked bodies of microbes. With this the patient is inoculated; the strength of the inoculation can be adapted to the needs of the patient.

For this purpose count is taken of what is called the opsonic index. The opsonic index of a given patient is the relation between the number of opsonins present in the blood, and the number present in the blood of a normal person. If a given patient has only half the opsonins of a normal person, his opsonic index for tuberculosis would be 0.5. This index is far from being constant, which fact shows the continual efforts of nature to remedy unnatural conditions. The fluctuations are caused by a factor known as auto-inoculation, nature herself inoculating the sufferer with the poisons obtained from the bacteria at work in the lung tissue.

The efficacy of opsonic treatment depends largely upon the precision of its adaptation to the particular conditions obtaining at the particular times of treatment. In other words, the index must be frequently taken and the strength of the vaccine calculated with great nicety.

Hundreds, and we might say thousands, of workers throughout the world are now experimenting with the treatment, with the hope of adapting it to general use, but so far the treatment has been confined to operators who have facilities of large laboratories, and are supplied with suitable apparatus, etc.—*Red Cross Notes*.

Christmas.

Somethin' peccoolyer 'bout the season
 Called Christmas. This is the reason:
 It allus wuz
 A comin' an' allus does
 Come. But say, Doc,
 Goin' to hang up yer sock?
 An' if you do—
 Jes' twixt me an' you—
 What do you 'spect to git
 In it?
 Do you 'spect the cuss
 Which he beat you wuss
 Than ever the last time,
 Will rake up a dime
 (Becaze his conscience rakes him so)
 To ricklessly blow
 Into that air sock o' yourn?
 Do you 'spect that durin'
 The night yer sock'll fill
 Ontil
 It purt-nigh busts, with dues
 You ort to had to use
 In payin' fer drugs you gave
 To keep the scalawags out'n the grave?
 I ain't no prophet, Doc,
 An' I ain't cock-
 Sure of nothin', but I'll make a guess:
 On Christmas mornin', you'll find yer sock chuck
 full of—emptiness;
 But still
 You will
 Go straight ahead
 A doin' the same things till yer dead—

Ransackin' yer brain to save the life
 Of a porper, er his porper wife;
 Doin' both the doctor's an' the preacher's parts,
 A bindin' up broken arms an' hearts;
 Soothin' the sufferin' with words that cheers;
 Wipin' away widders' an' orphants' tears;
 Hatchin' fer the child some glad surprise;
 Lookin' hope into streamin', pleadin' eyes;
 Wipin' the death-damp from the brows
 Of dyin' ones as they gasp their vows;
 Huntin' an' supplyin' yer neighbor's needs,
 An' fillin' yer life with noble deeds.
 Dear Doc, you've chose the better way,
 An' you'll stick to it till Judgment Day;
 You mayn't git wealth, ner git renown,
 But yer "addin' jewels to yet future crown."

—COOPER, in *Eclectic Medical Journal*.

The Pretty Nurse.

"Professional nurses have no business being so confoundedly good-looking," said a young man who has recently spent several weeks in a local infirmary. "The nurse who was delegated to attend to me while I was laid up was a distractingly handsome girl, with a pure Greek profile, reddish-brown hair—the kind that seems full of little golden tendrils in the sunlight—and eyes as liquid as a fawn's. The first time she put her finger on my wrist my pulse ran up to at least 175, and she took it for granted I had a high fever and dosed me accordingly. I tried repeatedly to lure her into conversation, but she wouldn't be lured. She was strictly business. When I started to pay her compliments she would ask me to put out my tongue, which was an insurmountable obstacle in conversation. I used to lie there with my tongue hanging out, trying to put my whole soul into my eyes, but it was no go. No man can look romantic with half a foot of furry red tongue protruding from his countenance.

"Another way she had of gagging me was by putting the thermometer in my mouth. The last week I was there I proposed to her five times, or, rather, I tried to, but she invariably choked off my declarations by thrusting a thermometer into my mouth. I got so excited one time that I came near swallowing a thermometer worth several dollars. She was a most excellent young woman, and had lots of sound common sense, as was evidenced by the fact that she gave me no encouragement whatever."

Modern Expert Testimony.

The District-Attorney, addressing the large pickle-shaped person on the stand:

"Assuming, as you have stated, that the human head is full of fromage de Brie and sulphur matches, and assuming further that the only way to tell when it is ripe is by plunking, the same as a watermelon, I put it to you as one of the pertinent

issues in this case, and I demand a truthful answer—why did the old hen cross the road?"

The Witness—She had a brain explosion. All the symptoms show that the mental excitement following upon the production of a large blonde egg with freckles on it so operated upon the mind of the late hen that she crossed the road and was run over by an automobile.

District-Attorney—Move to strike out the word "automobile" as having no bearing upon this case.

The Court—The bearings were on the hen, not on the case. Proceed.

District-Attorney—Now, then, reverting to the subject of the esteemed conk of this accursed defendant—not that he counts a hang, but it's necessary to drag him in occasionally—I desire to know what would have to enter his skull before he could have a brain explosion?

Witness—I should say a few brains.

District-Attorney—And where would he get them?

Witness (glancing over the court-room)—It would be necessary to send out.

District-Attorney—I presume you couldn't spare any yourself?

Witness—Certainly not, I'm an alienist.

District-Attorney (consulting a blank page of the record)—What is your authority for the statement which you made when you first took the stand in this case year before last that the mad king of Persia, Hysteria II, was so much given to brain explosions that he had to stuff the ears with cotton in order to keep his side-whiskers from being blown off?

Witness—The instance is mentioned, as I recall, in the works of the Greek poet Laryngitis, who flourished 23 B. C.—

District-Attorney—I beg your pardon?

Witness—I said 23 B. C., signifying charter member No. 23 in the original Bug Club. Laryngitis was himself an alienist.

District-Attorney—Thank you kindly. Nine months ago, in the earlier and almost intelligible stages of the cross-examination, you also stated that a brain explosion might occur inside of a mussy mansard without creating outward and visible agitation. Suppose such a brain explosion should occur in the dome of my assistant here upon the right, what then would happen?

Witness—His hat would tip up about half an inch. In an extreme explosion, involving all the mayonnaise in his crock, the hair might be slightly disarranged.

District-Attorney—You have likewise cited the case of a patient who conceived that he beheld two large, green eyes bearing down upon him and heard a loud, roaring sound. How did you diagnose it?

Witness—As an hallucination. But at the inquest the Coroner said it must have been a Trolley car.

District-Attorney—What do you think of the Polypus-Smith test for dillpicklephobis?

Witness—I think so.

District-Attorney—Yes?

Witness—Yes, no.

Counsel for the Defense—No?

Witness—The same.

The Court—Explain more fully, please, so that nobody can understand.

Witness—As I never before heard of the Polypus-Smith test, I have decided that in order to be absolutely fair I should believe it on Mondays, Wednesdays and Fridays, and repudiate it on Tuesdays, Thursdays and Saturdays.

The Court—Spoken like a true alienist! We will now take a recess while the District-Attorney sharpens his teeth.

The Funny Part: They pay 'em \$1.00 a day for doing it.—*Irving S. Cobb in St. Louis Post-Dispatch.*

Book Reviews.

A PRACTITIONER'S HANDBOOK OF MATERIA MEDICA AND THERAPEUTICS.—Based upon Established Physiological Actions and the Indications in Small Doses. To which is added Some Pharmaceutical Data and The Most Important Therapeutic Developments of Sectarian Medicine as Explained Along Rational Lines. By THOMAS S. BLAIR, M. D. Published by *The Medical Council*. "This Volume is Respectfully Dedicated to the Optimist in Therapeutics by the Author."

The author makes a brave effort to ride three horses at once. He is evidently sincere in his equestrian exercise, but, so far as Homeopathy is concerned, he falls far short of the wished-for goal. To assume that a small dose is necessarily a homeopathic dose, is ignorance of Homeopathy, crass and unpardonable, in any student who makes an essay to depict the values found in homeopathic therapeutics. The homeopathic Freshman knows better than that. Dosage, fortunately enough, though experimentally small, has nothing whatsoever to do with the homeopathic application of our remedies. Hahnemann did not announce the small dose until many years after his discovery of the Law of Similars; and in the beginning he used large doses of the single crude remedies of his day, but he used them homeopathically. Indeed the small dose was merely a clinical incident that occurred to Hahnemann, as he was experimenting with remedies. However, as we said a moment ago, the small dose is no more a sign of Homeopathic posology, than is the use of P. D. & Co.'s granules a sign of Homeopathy. Had the author given Homeopathy a more than cursory glance; had he been anxious to know wherein homeopathic therapeutics differed from that of the other schools, he should have gone at the work honestly, sincerely, with the open, modest and unbiased mind of a truth-seeking scientist. But he didn't. He was content to pick up one of the many fool assertions of our

opponents and act upon that as if true. The result is necessarily of a piece with his premiss. Then again in several places of his book, which we happen to find, he makes no attempt to conceal his disbelief if not his contempt for the Hahnemannian principle—in one instance scoring the “infinitesimal”—having here, as with the small dose, assumed that the infinitesimal was a necessary and inseparable appendage of Homeopathy, which it is not, and never was. Homeopathy never was and never will be an old-school medicine with more or less water added. Before this author adventures upon a Second Edition, if he intends to insist on his Small Dosage feature, as one of the spot-light, primal causes for launching another book upon the long-suffering professional public, we would suggest that he purchase or borrow a homeopathic text-book called *The Organon* and come to a true knowledge of what constitutes Homeopathy. Our impression is that he has confused Homeopathy with Eclecticism, an easy mistake to make, since so many members in our own ranks are not always able to make a quick, clear, sharp, and fool-proof distinction.

There is, perhaps, no use to go farther in this book review. It looks momentarily enticing and refreshing to have him recommend the “first decimal dilution;” but for what? Why, for pneumonia, laryngitis, typhoid fever, gastralgia, etc., etc. And this, good lack, is homeopathy! Occasionally, when he permits himself to forget his inborn, ingrown, ingrained teaching of the old school, he is able to quote several lines from a homeopathic text-book without making invidious comparisons, as in the “Calcium Salts,” where he closes the paragraph with: “The homeopaths call it *HEPAR SULPHURIS*, and give the 1x to promote suppuration and the 3x to 6x to prevent it.” He nowhere mentions that the old school stole our *hepar sulf.*, and called it something else. He knew very well that any old-school practitioner reading that *hepar sulf.* paragraph would be struck at once with the absurdity of giving the 1x to promote suppuration, and the 3x to the 6x to prevent it! So there was no need to print a line or two of denial or burlesque.

Again, this author is not fair when he quotes from or for homeopathy, or else is worse, ignorant. For instance, in speaking of cactus he quotes Rubina of Naples as introducing it, which is true; but he carefully avoids saying that Rubina was a homeopath, which elision was unfortunate. There are certain rules of a fair opponent which should always be observed.

After speaking quite decently of *rhus tox.*, he quotes “Homeopathic indications,” giving a quarter-page helter-skelter, hit-or-miss jumble of anatomical parts and symptoms, and at the end puts his Amen to it in this fashion: “This is a mere abridgment of four pages of symptoms, but it illustrates the complicated indications of homeopathy,” which is another misstatement, we were tempted to use a shorter and uglier word, for

homeopathic indications to homeopaths are NOT complicated. You see everywhere, where he got a chance, he gave Homeopathy a lick, not always openly like an honest and fearless foe, but covertly or by indirection, but the kick was there just the same. This author has much to learn before he can handle Homeopathy and homeopathic therapeutics with fairness.

No, there is nothing in this book to recommend it to a homeopath; on the contrary, as we have shown, there is much to condemn it. We have on our shelves more than a dozen homeopathic *materias medica* from Hahnemann to Dewey, that treat our remedies from a homeopathic standpoint, and which do not consume valuable time prating about the small dose, and infinitesimals, and complicated indications. If an honest searcher wants homeopathic light and understanding, let him buy a homeopathic text-book, begin at A and finish with Z. Then he will know. What's the use of knowing how the old school, or the eclectics give a certain remedy, when we do not give ours the same way nor for the same symptoms and indications? We have not yet reached the polyglot stage of therapeutics. Be fish, flesh, or fowl!

ESSENTIALS OF MEDICAL GYNECOLOGY.—By A. F. STEPHENS, M. D., Prof. of Medical Gynecology in the American Medical College, St. Louis, Mo. 12mo, 428 pp. Fully illustrated. Cloth, \$3.00. The Scudder Brothers Co., Publishers, Cincinnati, Ohio.

The author very frankly states in his Preface that he is not invading the province of the surgeon, his whole purpose being to treat such conditions as are treatable with medication, to treat them according to the Eclectic System of Practice, and with the Specific Medicines of the Lloyd Bros. When he comes to a case purely and wholly surgical he says so, gives a few general directions, and then dismisses it. He is confident that there are many cases put upon the sacrificial altar which with a closer study might prove amenable to medication. In this we most cordially agree with the author, having been instrumental in saving several women from that modern Frankenstein horror—the operating table. An instance in point which came to us within the past 24 hours was that of a married lady, not over 26 years old, who had been on the office operating table of a lady gynecologist for—well, a number of “serious” conditions. Finally the lady gynecologist declared that all was done except sewing up a severe laceration of the uterus, which if not done would end in cancer. This would necessitate—not a hospital—but a kitchen table in her own (the patient's) house, anesthetics, lady assistant, and fifty dollars. The husband objected to the expense and the patient dreaded the operation. Our own examination disclosed the usual slight tear laterally of the uterus incident upon childbirth, with extensive erosions. We inferred from the constant use of suppositories that there may have been an

acid leucorrhœal discharge; but as to a necessity for an operation, there was none whatsoever; for ninety-and-nine mothers out of every hundred have far more extensive lacerations and go through life happy and fairly content. This lady gynecologist advised the patient against going to a gentleman gynecologist lest, seeing this erosion, he would pronounce it a "sore." In a few words, the l. g. seems to have pulled the patient's leg for a number of months treating an ordinary case of leucorrhœa, clothing it in mystery and suggestion, hoping eventually, with the assistance of an innocent confederate, to freshen up a harmless laceration, take a couple of stitches, and then declare the case cured. It could hardly have been ignorance on the part of the l. g., for she stands ace-high in her part of the country, and her large clientèle would resent any such imputation. But if she was ignorant, which, being a woman, let us hope she was, this book of Stephens' would have given her proper counsel. How many other trusting women fall into the hands of unscrupulous and designing charlatans, who hold legitimate diplomas, and are told that they have operable lesions, or "sores," or are suffering from results of youthful indiscretions. Oh, no, it is not necessary to go to an hospital and all of that. The treatment can be given in the office, or at the home of the patient, and it won't, all told, cost more than twenty-five or thirty dollars!

There is always something fascinating about the conciseness and precision of an Eclectic textbook. It never leaves the searcher for light in darkness or in doubt. Given a certain pathological condition, and ranged opposite to it will be found the remedy and in its proper potency and dilution. Whereas, in Homeopathy we are required to run down elusive symptoms, through many remedies, and when, at last, we have given that which seemed indicated, we wonder if the other remedy had not been still better adapted to the case. But Eclecticism does not waver. It seems so pleasantly positive. It does not trouble itself, as does the homeopath, about the various preparations of the remedy selected; it has but Lloyd Bros.' Specific Medication; and that ends it all; while the homeopath has the entire gamut of potencies to play upon from the mother-tincture up to and including the 20 quintillionth of Sulphur of Swan! Small wonder, therefore, that so many of our more recently graduated "homeopaths" are, consciously or unconsciously, eclectics. Surely Eclecticism is an alluring system of Practice. Whether this superficial allurements is borne out by the results we do not know.

From all of which it may be justly inferred that we have naught but kind words for this book of Dr. Stephens'. It is well-printed, plentifully illustrated, with a few colored plates showing up the usual horrors—several gruesome, dime-museum conditions. In the main the diction is good and Dr. Stephens is to be congratulated on his excellent contribution to current gynecological lore.

LEADERS FOR THE USE OF SULPHUR, with comparisons.—By E. B. NASH, M. D. author of Leaders in Homœopathic Therapeutics, Regional Leaders and Leaders in Typhoid Fever. Cloth. 159 pages. \$1.00; postage, 6 cents. Philadelphia. Boericke & Tafel. 1907.

WHAT TO DO FOR THE HEAD.—A compilation of the most important symptoms of the Head and the leading remedies in their cure.—By G. E. DIENST, Ph. D., M. D., Professor of Theory and Practice of Medicine in the Hering Medical College, Chicago. 184 pages. Cloth, \$1.00, *net*. Postage, 10 cents. Philadelphia. Boericke & Tafel. 1906.

Here are two unquestionably homeopathic books. They have been in the market for some months, and have not been purposely neglected by us; we knew they could take no harm, if they were permitted to "dry down" a bit, get to be a little more seasoned; and besides we have had but little time latterly for anything but our practice, and the preparation of copy, reading of proof, and getting through the print shop the 1907 Transactions of the American Institute of Homeopathy.

The work by Prof. E. B. Nash, suitably bound in sulphuric yellow, is a very exhaustive manuscript on Sulphur, going into the remedy minutely and in detail, and comparing it, with a generous hand, with all the principal remedies of the books. To say that the work is well done, would be supererogation. Whatever Nash puts his seal to instantly and thereafter bears the hallmark of good Homeopathy. The book is one of his famous booklets, small in size, suitable for a coat pocket, and yet replete, on every page, with good homeopathic indications and truths. It is cast in his also famous "first-person speaking" style; the colloquial, conversational way. Prof. Nash's long practical experience, together with his Professorship in the New York Homeopathic Medical College and Hospital, and his extremely happy diction, have prepared him for the deliverance and issuance of these excellent textbooks about "once in so often." Sure, we like the book and highly recommend it.

Dr. Dienst at once, upon perusing even desultorily his charming brochure, conveys the impression of being a finely attuned homeopath. The subject chosen is interesting, because so many of our ridiculed mental symptoms are found in and about the head. The author has a very happy and forceful English diction, and as he, too, adopts the personal, narrative style his pronouncements are graphic, interesting, and instructive. It is not a book to be read at one sitting or any number of sittings; it is, however, necessary to study here and there very carefully when in pursuit of a half-forgotten elusive symptom, in order to connect the symptom with the remainder of the case; for it must be understood that, being a true homeopath, and a Professor in Allen's Hering College, he could not and does not prescribe upon any *one* symptom, no matter how prominently it seems to dominate the case. No, he prescribes on the totality of symptoms. His isolated symptoms like the wonderful key-notes

of Guernsey are merely indices which point the understanding homœopath to the whole symptom picture and so make it possible to abridge the hours of labor otherwise needed in running up and down ponderous pages of repertories. This book is fine; and we hope it may be received with such financial favor as to encourage Dr. Dienst to extend his happy thought to other parts of the human body with equal directness and force. We recommend Dr. Dienst's book.

PROCEEDINGS OF THE FORTY-THIRD ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO, held at Cincinnati, in the Grand Hotel, May 14 and 15, 1907. Edited by Dr. H. F. Staples, Secretary. Cleveland. The Publication Committee. 1907.

It is very evident that a new hand is at the bellows in the preparation and printing of these Transactions. Without making invidious comparisons, for years past the Transactions of the Ohio Homœopathic Society (darned be to the man who first invented and used that wind-bag circumlocution title, "The Homœopathic Medical Society of" this or that State, or "The Homœopathic Medical College of Missouri" not saying even in his circumlocutory way whether it is in St. Louis, Kansas City, or Sedalia, or elsewhere, when he might as easily or more easily have said The Ohio, or the New York Homœopathic Society, or the St. Louis Homœopathic College)—the Transactions of Ohio have been the same meagre countrified-looking book with the same title page, etc., etc.; so that you couldn't tell by taking up any one of a series but what they were duplicates. But the present volume strikes out into new pastures and gives new ideas and new features. For instance, it prints a frontispiece and *pièce-de-résistance* picture of the ever-modest, gentle, and low-voiced President L. K. Maxwell of Toledo; and from here on through to the tailboard affair, *i. e.*, the roster of homœopaths in Ohio who are and who are not in membership with the State Society, the work presents points of newness, freshness, and lasting beauty. The arrangement of the bureaus was artistic as well as logical; and the editing of the corrected discussion gives evidence of a skilled and practiced hand. We congratulate the Ohio Society on its breaking away from the lock-step of the past, and its adoption of present-day customs.

As for the intrinsic worth of the volume, that remains for the judgment of the reader. In such papers as we have browsed and nibbled—for an editor has no time to read fully any paper coming to his shears—we found much of interest and instruction. The discussions are fairly representative of what these well-known speakers would be expected to say; and if there were any grammatical errors, the able editor was careful to apply his electrically-heated fountain pen, and smoothed out the grammar and made coherent some of the off-hand statements. It is a fact, however, that however well these pages look with their learned contributions, that many of these

papers were not read, some we believe not even by title, notably the *materia medica* bureau, because of the lack of time, although there seems to have been abundance of time to inject a political harangue into the belly of the medical fest. Some one with sufficient courage ought to rise in his seat and oppose the printing of every paper that was not read. We still find that faithful contributor who is never able to give a paper on any assigned topic, but will volunteer "a case." Well, bless 'em, why shouldn't they have a chance to show off a show case occasionally on a show occasion? There is an abundant lack of the usual "beatific platitudes"—those easily-coined *Resolutions*, and for this Ohio deserves thanks. How tired we editors and secretaries get when year after year the various committees appear before the appointing body, and, instead of practical get-at-able results for their years' labor, produce long lists of *Whereases* and *Resolutions*! Only this and nothing more. And the appointive power, seemingly lulled into somnolence by the long and monotonous reading, forgetful of his duty to the Society at large, reappoints these glib-mouthed, easy-writing *Resolution* framers, from year to year. Ohio, fortunately, has been measurably free of these jawsmiths; and it is a pity that the good-by wagon cannot be pressed into service for other societies, and for this notable purpose.

The mechanical part of the Transactions is better than formerly; and the book makes a fine addition to any medical library.

Globules.

—Our good friend Dr. E. H. Porter, Commissioner of Health for New York, always remembers us with his invitations and other little gentle courtesies. We wish it were convenient and physically possible for us to attend the Seventh Annual Convention of the Sanitary Officers of the State of New York to be holden at Buffalo—a former suburb of Cleveland. We know the hospitality which would greet us.

—Don't you feel sometimes, Brother, when mail after mail brings you blotters and blotters and still more blotters, some of them gems of art, and all of them useful, like the poor father who, expecting an heir, had been successively and respectively informed by the nurse, "a boy, sir"; later, "another boy, sir"; and still later on the same day, "and a sweet little girl, sir"—don't you feel sometimes like saying "Lord, withhold thy blessings!"

—In my early practice I had considerable to do with men who had spent years in navigating the turbid waters of the raging canal, and I never saw a man 55 years old who was moderate in anything except in the amount of pay he drew.—John E. Wilson, M. D.

—I believe that every case of paresis has a syphilitic origin.—Geo. F. Thomas, M. D.

—I think if a man is captious enough to sever his relations with the American Institute of Homeopathy, he is captious enough to bother us more than he will help us. I find the men that are the reliable men, the best for Society, are the men who play the game on ordinary lines and relations. There isn't anything that is heaven, this side of the skies, and the "kickers" will have to wait until they cross the Great Divide before they get it.—John E. Wilson, M. D.

—Messrs. Boericke & Tafel have in press a work from the pen of Dr. Clarence Bartlett. The book has the concise yet thoroughly descriptive title, "Treatment." It will be in a class by itself, giving full *treatment* for practically every known disease; not therapeutics only, though this branch is fully gone into, but *treatment* in the broadest sense. It will make a work of about 1200 large octavo pages.

The author has been assisted in his task by noted specialists; *i. e.* Dr. C. M. Thomas on eye and ear; Dr. E. M. Grahm, on skin; Infants, Dr. C. S. Raue; Hydrotherapy, Dr. W. F. Baker, and Dr. W. H. Hammond on X-Ray. The book will probably be ready for delivery in February.

—The New York post-office is going to give its patrons an after-supper delivery. But then New York always was the most favored of post-offices. In Cleveland we are glad to get two daylight deliveries, the first one about 10 a. m., the second at 3 p. m., while in Canton, O., a town of forty thousand, they have four deliveries daily. Think of any section of a city like Cleveland, which is seventh in size of population in the United States, having to wait until 10 o'clock in the morning for its first mail! The Rural Free Deliveries do better than that. But there seems to be no help for us. Complaints are met with the statement that there is a paucity of carriers.

—Drs. R. H. and Nettie G. Gray, University of Iowa, H. M. D., 1895, formerly of Anamosa, Iowa, have resumed practice at San Antonio, Texas.

—We are pleased to announce that after a severe attack of la grippe in October, Dr. A. B. Norton, of New York City, spent several weeks in the South, but has recovered and is at work again.

—In reprint from *The Cleveland Medical and Surgical Reporter*, we have "An Ideal Summer Outing," by James C. Wood, A. M., M. D., Cleveland, Ohio. Dr. Wood, tiring of the usual European holiday, struck out in a, to him, new field by going to Iceland and enjoying the novelty of the unusual trip and situation. The entire tour covered more than 13,000 miles of travel

by sea. The description of his holiday occupies ten pages and is graphically depicted. It is matter of regret that the "chase" [size of the page] of the *Reporter* is so large that it will not lend itself for a neat narrow page which, with wide margins, and a dozen or more of half-tone pictures, would make a most charming word picture of this interesting journey; and if bound in a pretty cover would be a pleasant Christmas souvenir for Dr. Wood's many friends. As it is, being a mere reprint from a medical journal, it will in time be lost amid the myriad of other medical reprints, which ought not to be the fate of this charming Icelandic brochure. Perhaps the author may later elaborate on his present brief statement, and then issue a fuller account of his summer's outing in a more "literary" form of make-up and binding, and so perpetuate the memory of his jolly trip certainly beyond the life of a medical reprint. It is fully worth the effort of time and experience.

—If, however, the loving cup have but two handles, what shall be done with the encyclopedic orations which traced out and dwelt upon the origin of the three handles? Sir?

—"Cough for the Herr Doktor," commanded the German woman to her little daughter who was hiding her face in her mother's dress. "You needn't be ashamed of the Doktor," encouragingly added the mother.

—The paper on "Amarita" in the 1907 Transactions of the I. H. A., and credited to Dr. F. E. Gladwin, should be credited to the Philadelphia Round Table Club. It is a fine paper. The error was an accident.

—And did *you*, too, pay \$26.25 for your Honorary Vice-Presidency, with turkeys 28c. a pound, and money so hard to get as now? Well, well, well!

—Doesn't it seem to you sometimes when you browse amid the ad-pages of the current "literary" magazines, and find a newer and handsomer picture of Gillette each month,—doesn't it seem to you as if he enjoyed having his face shown in so many phases of action—more so than he desired to advertise his safety razor at \$5 when there are now a half-dozen or more safety razors at one dollar per, but without Gillette's handsome disingenuous face, seal ring, and open-faced watch, which in our estimation, and yours, too, if you make the trial comparison, are just as good for shaving purposes as the Gillette? Talking about fool faces being seen in public places (perhaps you remember the remainder of that quatrain), in Cleveland it seems impossible to open or continue a Dancing Hall unless the proprietor's face graces every advertisement in daily press and circular. My goodness, how we do like to see our handsome "liniments" in public print!

—A bold buccaneer, flying the homeopathic flag, somewhere in the great state of Illinois, being, as is customary with all publishers, prodred for his subscription obolus, resorts to the sometime fashion of other bold poltroons of denouncing publishers and editor as liars—but, mark ye, he does this at long range, by mail; declares he notified editor and publishers a long while ago that he “would not give two cents for such a journal”; but still continued to take it out of the post office. “Now if both [editor and publishers] deny receiving such order I can say *I don't believe* your statements. . . . I won't pay you a d—d cent. See? And what's more I will pay no further attention to your communications.” As the disputed bill is a small one, the amount of venomous vituperation expended by this foul-fingered correspondent seems out of all proportion to the assumed wrong. A gentleman could and would have explained the error, and the publishers would have been glad to adjust matters. But this courageous bulldozer, this cowardly professional out in Illinois, who is not in affiliation with his State Society, nor with the American Institute, nor the I. H. A., nor with any other body that we can discover, cheerfully dips his hand into accustomed offal to hurl at an editor who never heard of him, and at a publisher who simply sent him a bill. We have asked a number of eminent and well-posted homeopaths in and near his present location—for he seems to be a nomad—concerning him, and they agree in saying that he isn't worth attention; better let the pole-cat alone. But we never could. We always preferred to have it out with the unsavory object, provided the object was done up for good at the end. Just think of this brave, bold homeopath out in Illinois venturing to call us a liar—by mail! Those who do know us know very well what would be the outcome if this pitiful poltroon stood within the length of our crutch! Of course he is execution proof.

—Upon one day in our calendar of doings we had returned to us from New York City as “not known,” “unfound,” etc., a letter addressed to Dr. H. S. Baketel (the charming avant courier of) The Antiphlogistine Company. What's that—the New York P. O. didn't know the Antiphlogistine Company with its head office in New York City? That is what we said. When, therefore, three days afterward we received a picture postal from Paris, France, with Dr. Baketel's compliments, we again wrote to New York City, having now concluded to be literally so perfect that even a post office employee could not fail of grasping our meaning, we addressed it to the “Denver Manufacturing Company,” inclosing the mutilated and returned envelope, stating our case, when, lo, and behold you! in forty-eight hours thereafter Dr. Baketel himself answered from New York City! How he got from Paris to New York in such record-breaking time we know not. Perhaps by some gyroscopic railway sys-

tem. He was abroad, he informed us, to show our French practitioners the value of Antiphlogistine. With what success he met we do not know. We'd give a holeful cookie to have heard him explain the virtues of Antiphlogistine in French. Perhaps he took a Meisterschaft System in French with a phonograph attachment. However all that may be, it wouldn't take a Frenchman very long to find out the paramount virtues of Inflammation's Antidote, *i.e.*, Antiphlogistine.

—The B. & T. people—especially F. A. Boericke, M. D., and E. P. Anshutz—have issued a handful of small “dodgers” to announce the existence and successful use of some of their “best sellers.” Primarily, there is Kent's “Lectures on Materia Medica.” It—this leaflet—gives a fine picture of this handsome man, not a day older than when we did the Gamaliel-sitting-at-his-feet act some twenty short summers ago, and helped him in various ways, as well as imbibed his lectures. At that time he wore an immense mother-hubbard beard, and other apparel. Very few of the class “soldiered” on his lectures. We have already said so, and plainly, but B. & T. did not use it or any part thereof to advertise the “Lectures”—we already have said how good these Lectures are, and how no student can go wrong who purchases the book, and sets himself diligently to work to learn Dr. Kent's method.

Another of these little folders finds good things to say of H. Worthington Paige, M. D., and his “Diseases of the Lungs, Bronchi, and Pleura.” If his book is as good as the programs he builds for his New York Homeopathic Society, then it ought to be on the top wave of success as one of the “six best sellers.” That's a good picture of Brer Paige. He looks capable of doing most anything, eloping to some far distant dark spot, say Omaha, or even writing a book. He doesn't look like a man who would fill his text-book with old moth-eaten, thumbworn, and half-forgotten theories. Pulmonary Tuberculosis, which is occupying so much of the center of the medical stage at present, takes up a good part of his book and is well and rationally handled. He won't send a blond tuberculose to a tropical climate, nor a negro tuberculose to Greenland.

“The Chronic Diseases, Their Peculiar Nature and Their Homeopathic Cure” (theoretical part only), by Samuel Hahnemann, translated from the Second Enlarged German Edition, of 1835, by Professor Louis H. Tafel, fills the pages of another leaflet. But what could a Book Reviewer say anent “The Chronic Diseases” that would be new? Every homeopath ought to have this book, not only as an ornament to his library, but as well an ornament to his working mind.

The American Physician.

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INDEX TO VOL. XXXIII.

EDITORIAL WRITINGS

A Congress Aftermath, 26
 A Delicate Subject: A Criticism, 113
 A Double Dose of Electricity, 106
 A Fraternal Society Note, 260
 Alleged Americanisms, 210
 American Institute Committees, 27
 A New Power for the X-Ray, 24
 Another College Changes Its Name, 262
 Another Institute Aftermath, 261
 A Re-Print Aftermath, 237
 As to Editing a Health Magazine, 58
 As to Teaching *Materia Medica*, 24

 Buffalo Overhauling, 25

 Crotalus Cascavella, 235

 Detail Men Tricks, 271
 Down Among the Dead Men, 139

 Foulness in Pictorial Print, 185

 Gold Brick Mining and Fool Fleecing Co., 28

 Handwriting and Manuscripts, 184
 Here's a Pretty Mess, 29
 Hurry, Hurry! 213

 Indiana's Advocacy of Sex Mutilation, 104
 Institute Letter from Jamestown Exposition, 165
 Invidious College Comparisons, 61

 Master of Arts Carleton, 243

 Occupational Dusts, 209
 Oklahoma City, 286
 One of the Results of Confraternity, 191
 Original Simplicity of Homeopathy, 9

 Postal Improvements, 77
 Proposed Nurse Legislation, 212

 Seamy Sides, 35
 Soap in Its Relation to Ethics, 217
 Some Chironian Nuggets, 109
 Some Despicable Knocking, 158
 Striking Features of the Jamestown Fair, 106

 The Absurdity of "Discussions," 295
 The Affected Use of Foreign Tongues, 295
 The California Homeopathic Society, 185
 The Chironian's Rejoinder, 51
 The Institute Big Four, 262
 The Malchow Case, 25
 The Medical Advance Appendix, 271
 The New York Homeopathic Society, 286
 The Ohio State Society, 184
 The Personal Friend Letter, 51
 The Raising of the Apathy, 159
 The Recent Memorial Exercises, 259
 The Rochester Clinic, 234
 The Typhoid Germ in Water, 86
 The Unanimous Club, 77, 175
 The Value of Electric Light in Heat Treatment, 88
 The Victoria Cross Editor, 208

The X-Ray Produces Cancer, 61
 Two Journalistic Echoes, 287
 Two Notable Resignations, 289

 What's the Matter with Tennessee? 185
 Where is the Mistake? 234

ORIGINAL CONTRIBUTIONS

Anacardium, Harvey B. Dale, 142

 Chamomilla, M. E. Douglass, 62
 Cimicifuga, M. E. Douglass, 114
 Cincinnati Chips, 187
 Collective Investigation Needed, W. C. Abbott, 276
 Commonsense Therapeutics, E. C. Price, 272

 Eastern Ohio Society, 278, 279, 163

 Fraud on Lloyd Bros., 292

 Health Commandments, Dr. Bullard's, 305
 Hyoscin. Morphin and Cactin Anesthesia, W. C. Abbott, 200
 Hyoscyamus, M. E. Douglass, 274
 Hyperchloridia, Homer V. Halbert, 12

 Kalmia Latifolia (Mountain Laurel), M. E. Douglass, 218

Materia Medica Gleanings, M. E. Douglass, 298
Materia Miscellany, 11

 Negative Electricity and Its Analogues: Sulphur and the Negative Element of Matter and Ozone the Negative Element of the Atmosphere, Wm. Lawrence Woodruff, 89
 New York Homeopathic College Reunion, 131

 Ohio State Society, 131
 Our Cincinnati Letter, 132

 Paris, A Traveling Scholar's Impression of, Osmond Bodman, 299
 Places of Meeting of the Ohio Homeopathic Society, 264
 Professional Reminiscences, H. F. Biggar, 270

 Simillimum, The. What It is and How to Find It, Rudolph F. Rabe, 296

 The Dangerous Heart Stimulants, Harvey B. Dale, 244
 The Enlarged Prostate and Prostatectomy, Newman T. B. Nobles, 141
 The Growth of Homeopathy in Sixty Years, T. Franklin Smith, 34
 The Liberality of the Medicine Man, L. P. Crutcher, 192
 The New Anesthesia, Emory Lanphear, 219
 The Old Guard, J. D. Buck, 201
 The Red Onion: A Challenging Study, P. W. Shedd, 14

 Women in Medicine, Clara Gillard, 36

 CONTRIBUTED ARTICLES
 A Berberis Case, 11
 A Case of Locomotor Ataxy, 235

- A Case of Pemphigus Cured by Arsenicum, J. Galley Blackley, 64
 Acute Appendicitis and Its Medicinal Cure, 148
 A Kindergarten Effort, 308
 Alcohol and Abstinence, 255
 Amendment to the Penal Code, State of New York, 235
 A Monstrous Indecency, 51
 A New Anesthetic, 129
 A New Theory of Angina Pectoris, 187
 Anointing the Sick, 80
 Apis Mellifica, Franklyn P. Davis, 19
 A Prophet of Quackery, 128
 Atropine Poisoning, 124
- Bread and Milk, 28
 Bromides and Sulphides, 127
 Byways of Medical Charity, 161
- Call Child's Fate X-Science Crime, 160
 Case of Influential Pneumonia Followed by Cirrhosis of the Lung, C. Osmond Bodman, 150
 Certainty in Medicine and the Single Remedy, J. S. Niederkorn, 227
 Christmas, 310
 Clinical Cases, E. W. Berridge, 95
 Clinical Cases from the Practice of the London Homeopathic Hospital, Pernicious Anemia, Byres Moir and Frank A. Watkins, 149
 Collinsonia Canadensis, W. Theophilus Ord, 222
 Conference of Councils on Medical Education, 308
 Cure for Corns, 130
- Dietary for Children in Health from Three to Six Years of Age, H. W. Champlin, 195
 Difficulties in Marrying, R. Vason Rogers, 40
 Drug Proving, 57
 Duodenal Ulcer with Three Cases of Perforation, C. E. Todd, 277
- Eddyism and Dowieism, 55
- Fact or Fiction, 54
 Food a Factor in Disease, A. Jeffries Turner, 16
 Food and the Principles of Dietetics, 99
- Hitching the Sun, 104
 Hydrastis Canadensis, P. F. Bullington, 151
 Hydrastis Canadensis, Charles Ott, 108
 Hysteria of or Malingering of a Girl of Ten Years, F. P. Tiffany, 98
- Idealism and Sexuality, 51
- Life and Death. Poem, 72
 Lime Salts, The Action of on the Heart, 305
 Luffa Ægyptia Mill (Medicine), 236
- Materia Medica Notes, Paul Tessier, 123
 Me and the Doctor, James S. Sprague, 121
 Medical Men's Fees, 152
 Medical Practitioner or Doctor, 54
 Medical Terms in the New English Dictionary, 186
 Mental Influences as Curative Agencies, George J. Simpson, 223
 Metallic Ferments, T. G. Stonham, 203
 Modern Expert Testimony, 310
 Morbid Pleasure, 213
 Mother Hubbard, 107
 Motors for Medical Men and the Comparative Cost of Horses and Motors, B. G. Thomas, 250
- New York Medical Unification Law, 161
 Notes on Some Anesthetic Sequences, A. G. McGowen, 40
 On the Use of Secale Cornutum, Paul Tessier, 255
 Opsonins, 300
 Our Wrongs: A Response to a Toast, W. B. Sawyer, 66
- Perityphlitis, Dr. Gisevius, 301
 Poisoning by Sodium Arsenite, 57
 Post Graduate Work in London and Paris, C. L. Hancock, 193
 Prayer of a Physician Before Visiting His Patients, 303
 Reflections, James S. Sprague, 196
- Saccharum Album, 122
 Samuel Wilks and Old Age, 56
 Some Clinical Cases: An Essay in Rational Therapeutics, A. J. Turner, 244
 Some Ear Cases, Arthur A. Beale, 197
 Some Experiences in Intubation and Tracheotomy, J. K. Couch, 220
 Stramonium in Typhoid Fever and in Teething Children, 11
 Sunday Rest, 289
 Surgical After Treatment in Homeopathy, P. C. Majumdar, 304
- Tabes Dorsalis Cured with Aluminum 200th, 51
 The Advertising Quacks, 262
 The Club Woman's Prayer, Mrs. J. B. Smith, 51
 The Hearing of Telephone Clerks, 162
 The Institute Transactions, 308
 The Medical History of John Calvin, 78
 The Medical Ideal, A. Jeffries Turner, 142
 The New Age, 260
 The Origin of Circumcision, Albert Churchward, 251
 The Psychic Element in Disease, Henry L. Akin, 249
 The Same Old Way, 107
 The Source of Inspiration, 263
 The Strength of a Dose of Medicine for Its Homeopathic Use, S. Goswami, 199
 The Treatment of Dysentery, J. Call Weddell, 201
 The Value of Accurate Diagnosis in Homeopathic Prescribing, J. H. Clarke, 68
 Those Nine Frogs More or Less, De Witt G. Wilcox, 302
 Treatment of Cerebro-Spinal Fever, John McLachlin, 119
 Trial by Jury, 57
- Urinary Deposits in Gout, W. Theophilus Ord, 252
- Violation of Ethics, 266
- Who Was the Dentist? 291

THE MEDICAL LIBRARY

- Acute Infectious Diseases, 232
 Anesthetics and Their Administration, 283
 Appendicitis, 206
 A Story of Evolution, 154
 A Text-Book of Diseases of Women, 50
 Atmokausis and Zestokausis, 307
- Bacteriological Examinations of Hand Disinfections, 153
 Bantu Folk Lore, 23
- Catarrhal Fevers Commonly Called Colds, Their Causes, Consequences, Control, and Cure, 49
 Contributions to the Diagnosis and Treatment of the Central Nervous System, 284
 Cysts and Hematoma of the Auricle, 256
- Degeneration in Families, 281
 Degenerative Processes in Certain Families, 282
 Diabetes Mellitus, 205
 Disturbances of the Brain in Psychopathology, 125
 Dynamics of Living Matter, 49
- Essays on the Pathology of the Digestive Organs, 103
 Essentials of Gynecology, 73

Food and the Principles of Dietetics, 99
Functions of Food in the Body, 306

Gastric Surgery, 257
Glimpses of the Ages; the Superior and Inferior Races,
So-called. Discussed in the Light of Science and
History, 48
Gummata of the Adult Myocardium, 107

Handbook of Physiology, 230
Hysteria and Neurasthenia, 22

Injuries of the Nose and Accessory Cavities, 231
Insanity Cured by a New Treatment, 283
Intemperance and Its Remedy, 284

Meals Medicinal, 102
Muco-membranous Entero-colitis, 125
Muscular Contractures and Rigidities, 281

Obstetrical Accidents, 76
Orthopedic Surgery, 256

Plant Repose as a Means of Physical Investigation, 73

Radio-Activity, 22
Recent Advances in the Physiology of Digestion, 257
Rheumatic Diseases, 100

The Bacteriology of Peritonitis, 101
The Food Factor in Disease, 100
The Operative Treatment of Prolapse and Retroversion
of the Uterus, 75
The Origin of Typhoid Fever in the Epidemic in Geisen-
kircher in 1901, 233
Treatise on Psychiatry, 74
Treatise on the Diseases of the Stomach, 153
Treatise on the Treatment of Coxitis, 285
Treatment of Diseases of the Digestive System, 258
Treatment of Diseases of the Stomach and Intestines,
126
Tumors of the Cerebellum, 126

COLLEGES AND SOCIETIES

British Homeopathic Congress, 294
Cleveland Homeopathic Medical, 133, 294
Denver Homeopathic Medical, 33
Indiana Institute of Homeopathy, 190
Metropolitan Hospital, New York, 85
New York State Home Medical Society, 190
St. Louis Homeopathic Medical College, 137

BOOK REVIEWS AND MAGAZINES

American Review of Reviews, 124, 238, 263
A Text Book of the Practice of Medicine, Hobart
Amory Hare, 136
Century, 85, 137, 138, 241, 307
Diseases of the Digestive Organs, E. Owen A. Palmer,
238
Diseases of the Nervous System Resulting from Inju-
ries and Accidents, by Pearce Bailey, 81
Electrical Wiring and Construction Tables by Henry
C. Horstman and Victor H. Tousley, 80
Essentials of Medical Gynecology, 312
Essentials of Obstetrics, Charles Stewart, 136

Homeopathic Therapeutics, by Samuel Lilienthal, 110
Homeopathic World, 34

Leaders for the Use of Sulphur, 313
London Monthly Homeopathic Review, 137

Management of Electrical Machinery by Crocker and
Wheeler, 80
Medical Counsellor, 112
Medical Times, 127

Organic and Functional Nervous Diseases, Allen Starr,
82

Practitioners' Handbook of Materia Medica and Thera-
peutics, 311
Proceedings of the Ohio State Society, 314
Progress, 33, 59, 83,

St. Nicholas, 60, 138, 307

Thornton's Medical Formulary Pocket, 110
Transactions of the American Institute of Homeop-
athy, 1906, 135
Transactions of the Pennsylvania Homeopathic State
Society, 1906, 81
Treatise of the Practice of Medicine, Arthur R. Ed-
wards, 188

What to Do for the Head, 313

PERSONS REFERRED TO

Abbott W. C., 200
Akin, Henry L., 249
Aldrich, H. C., 134, 166
Allen, G. E., 31
Anshutz, E. A., 58
Arschagouni, John, 216
Askenstedt, Fritz C., 138
Bakel, H. S., 316
Beale, Arthur A., 197
Beckwith, D. H., 83, 164, 264
Berridge, E. W., 95
Biggar, H. F., 112, 166, 292, 293, 267, 270
Biggar, H. F., jr., 240
Blackley, J. Galley, 64
Bodman, Osmond, 299
Boericke, Wm., 166
Buck, J. D., 201
Burford, George N., 166
Calloway, A. W., 265
Campbell, James A., 167
Canfield, Martha A., 240
Champlin, H. W., 190, 195
Chase, H. L., 166
Churchward, Albert, 251
Clarke, John H., 68, 166
Couch, J. K., 220
Crutcher, L. P., 192
Currier, C. B., 164
Custis, J. B. G., 267
Dale, Harvey B., 142, 254, 291
Davis, Franklyn P., 19
Deetrick, John, 293
Dewey, W. A., 267
Dienst, G. E., 313
Doughty, F. E., 109, 218
Douglass, M. E., 62, 114, 274, 298
Dudley, P., 32
Duffield, A. M., 268
Edwards, Arthur R., 188
Eggleston, E. R., 32, 263

Farlow, Alfred, 265
 Ferguson, Robert J., 85
 Fincke, B., 30
 Fisher, C. E., 267, 294
 Fulton, John M., 265

Gibson, D. M., 140
 Gilbert, Chas. B., 242
 Gillard, Clara, 36
 Gladwin, F. E., 59, 315
 Goswami, S., 199
 Gray, R. H. & Nettie G., 314
 Griffith, F. L., 134

Halbert, H. V., 12
 Hancock, C. L., 193
 Hasbrouck, E., 32
 Hooker, E. B., 157
 Horner, J. Richey, 135, 140, 171

King, Dale M., 164

Lanphear, Emory, 219
 Laronge, Louis J., 164
 Lilienthal, S., 110

McCleary, J. R., 58
 McCreary, W. L., 241
 McGowan, A. G., 40
 McLachlin, John, 119
 Manning, Guy E., 216
 Moffatt, John L., 267
 Moir Byres, 149
 Murtinho, Joaquim, 190

Nash, E. B., 313
 Niederkorn, J. S., 227
 Nobles, Newman T. B., 141
 Norton, A. B., 190, 273, 315

Ord, W. Theophilus, 222, 252

Paine, N. Emmons, 84
 Palmer, O. A., 238
 Peter, E. H., 83, 314
 Paul, W. A., 112, 216, 280
 Price, E. C., 272

Rabe, Rudolph G., 296
 Rogers, R. Vason, 44

Salzer, Leopold, 293
 Sanders, John C., 29
 Sawyer, W. B., 66
 Schenck, H. D., 158
 Schneider, A. B., 33
 Seward, F. W., 189
 Shedd, P. W., 14
 Simpson, Geo. J., 223
 Skinner, Thomas, 31

Smith, Dean T., 239
 Smith, T. Franklin, 34, 164
 Sprague, James S., 196
 Staples, H. F., 33, 85, 188, 314
 Stonham, T. G., 203

Terry, M. O., 33, 83
 Tessier, Paul, 123
 Thomas, B. G., 250
 Todd, C. E., 277
 Turner, A. Jeffries, 16, 244

Villiers, Alex. von, 241

Ward, James W., 33, 142, 166
 Watkins, Frank A., 149
 Weddell, J. Call, 201
 White, John E., 293
 Wilcox, De Witt G., 302
 Wilson, John E., 341
 Wood, J. C., 85, 241, 315
 Woodruff, W. Lawrence, 89
 Worth, Sidney, 142

OBITUARY

Allen, G. E., 31
 Currier, C. B., 164
 Dale, Harvey B., 291
 Deetrick, John, 293
 Doughty, Francis E., 109
 Dudley, Pemberton, 132

Eggleston, E. R., 263

Fincke, B., 30

Gilbert, Chas. B., 242

Hasbrouck, E., 32

Laronge, Louis J., 164

Sanders, John Chapin, 29
 Skinner, Thomas, 31

Villiers, Alexander von, 241

MISCELLANEOUS

American Institute of Homeopathy, 106, 130, 157, 165, 308
 Topics of the Hour, 24, 51, 77, 104, 127, 157, 184, 208, 234, 259, 286, 307
 Globules, 30, 58, 82, 111, 136, 188, 216, 239, 266, 292, 314
 Correspondence, 134, 157, 158, 188, 238, 264
 The Opsonic Index, H. C. Aldrich, 134
 A Correction by Dean Geo. H. Quay, 188

